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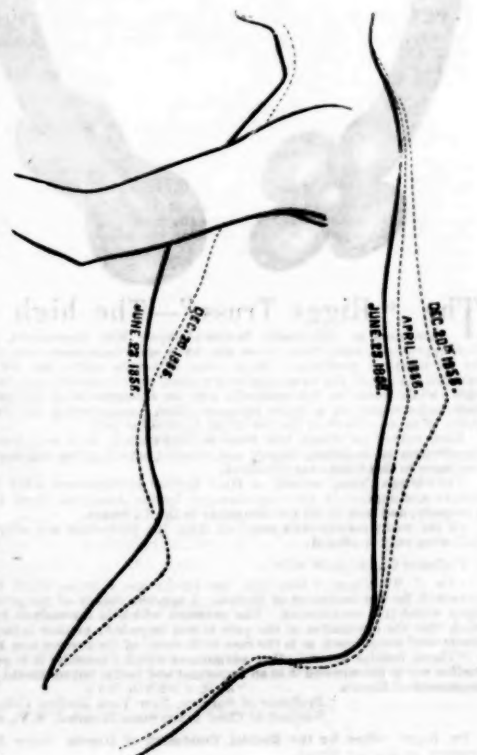
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ATTENDING PHYSICIAN.

The occurrence in our wards, at the present time, of several cases illustrating the leading forms of dropsical effusion furnishes an opportunity which I propose to improve, of studying this morbid condition in connexion with bedside observation. I need hardly say to you that dropsy is always a mere symptom, and that we should always feel called upon to endeavor to ascertain upon what it depends. But though only a symptom, it is often one which assists us materially in our diagnosis, and not unfrequently one which aggravates other symptoms, and which it is, hence, very important to remove, if possible. It is sometimes one of the earliest indications of disease, and at other times only appears when disease has made great progress.

I have had the opportunity, within a few days, of directing your attention to five cases which afford us illustrations of three leading forms of dropsy, and I propose now to glance at these cases in comparison and in contrast with each other, and shall confine my remarks chiefly to the direct cause of the effusion in the different cases, the different points at which the effusion more commonly makes its appearance, and the general principles of treatment as modified by the different causes. I have, I believe, already called your attention more or less in detail to all these cases, and shall therefore now only review their leading points, and especially those which bear upon the plan which I have marked out for myself. We have also an interesting case of extensive effusion into the pericardium still under treatment, and nearly well, and one or more cases of pleuritic effusion; but I prefer to reserve remarks on these for some future occasion.

In two of these five cases, the dropsy is connected with disease of the heart or of the large vessels; two others are cases of abdominal dropsy or ascites, and the fifth is one of renal dropsy.

The first of the cases dependent upon disease of the heart or large vessels is that of a young man, 22 years of age, who was attacked with rheumatism while at sea about four years ago, by which he was confined to his bed ten weeks, and unable to attend to his duties for as much longer time afterwards. About one year after this he was attacked with hemoptysis, an indication in his case that there was congestion of the lungs, which doubtless depended upon disease of the mitral valve, evidence of the existence of which, at the present time, is furnished by the fact that there is a loud murmur with the first sound of the heart, loudest at the apex. There is also evidence of hypertrophy of the heart, and he was suffering soon after he came into the hospital with severe dyspnoea, depending upon congestion of the lungs. The dropsy only appeared a few weeks ago, so that we have it in the present case as one of the latest symptoms.

Let us now glance at the seat of the effusion in these different forms of dropsy and the order in which it affects different parts, and especially as modified by the particular cause in each variety. In dropsy depending upon affection of the left side of the heart, the swelling commences, I believe, invariably in the lower extremities, the parts most distant from the centre of circulation being those which experience the effect of the diminished power of the central organ. There are other causes entering into the production of this form of dropsy to which I shall allude further on. Of this we have a specimen in the case of the patient with mitral disease just alluded to, whom you have had an oppor-

tunity of examining. In other cases, and these form a very much smaller proportion, we have the oedema commencing about the chest and in the upper extremities, and at first, at least, confined to these parts—and these are cases in which the disease is confined to the right side of the heart or large vessels—and of this you have an instance in the patient, a German, 66 years of age, a farmer by occupation, the particulars of which I have several times pointed out, who, in addition to extensive effusion into his lower extremities, has oedema of the arms, and especially of the dorsal surface of the hands, which was at first confined to the dorsal part of the right hand. In this case, there is also fullness of the veins on the right side of the neck and at top of the sternum, but no pulsation in them. In this case, as I have already mentioned to you, I can discover no physical signs of disease of the heart itself, and suppose the oedema of the upper extremities to be owing to some cause interfering with the return of the blood to the right side of the heart, probably some morbid growth, as a tumor, either aneurismal or of some other kind. This point I do not propose to discuss at present, and only allude to the case as an illustration of one and rather rare modification of dropsical effusion. Watson, in his admirable work on the Practice of Physic, gives an interesting case of this form of dropsy.

In renal dropsy, we have no special cause, as in cardiac disease, why the effusion should commence at the extremities of the body, though it not unfrequently does commence there, as it seems to have done in the case of albuminuria now under our observation; but we find it in about one half the cases commencing in the face, producing puffiness of the face, and often of the eyelids. The scrotum is another point at which the patient often discovers the first indication of dropsical effusion in albuminuria, and afterwards in the extremities, and still later in the abdomen, and often, but slightly, into the abdomen, even after the scrotum and lower extremities have become very much distended. The late Dr. Todd, of London, remarks that a common order is the scrotum, eyelids, face, then the lower extremities, and finally, the upper extremities. In some cases, the face is but very slightly affected, while, in other cases, its distension by fluid gives a characteristic appearance to the physiognomy of the patient.

In abdominal dropsy or ascites, the swelling commences in the abdomen, and is often confined to it for a long time, this part being sometimes enormously distended with but little affection of the legs and feet. This form often comes on so insidiously that patients are only made aware of it by finding their clothes tighter over those parts. We should expect no other seat of effusion in this case when we remember, what I believe we may state to be universally and invariably true, that when the effusion commences in the abdominal cavity, the cause must be sought for within that cavity, and nowhere else.

We will next look at the causes more directly acting to produce dropsical effusion under these different circumstances. The leading causes acting in cardiac dropsy are, 1. Weakness of the heart itself, and consequent inability to propel the blood with sufficient force to reach the extremities; 2. In advanced cases, a watery condition of the blood, which tends to favor the exudation of serum which takes place; but, 3. The most efficient cause is obstruction to the natural course of the circulation in the heart itself, produced by disease of its valves. We have an additional obstacle to the flow of blood, arising from the congestion of the lungs in the one case and of the liver in the other, to which these valvular diseases are so apt to give rise. All these causes must therefore be taken into consideration in the selection of means for the removal of the dropsical effusion.

In by far the most common form of abdominal dropsy, that dependent upon cirrhosis, we have, in the peculiar condition of the liver produced by that disease in an advanced state, a constant and unsurmountable obstacle to the portal circulation, and hence, in most cases, incurable dropsy.

This condition of the liver prevents, at the same time, and for the same reason, the entrance of diuretics into the circulation through the liver, so that they are prevented from reaching the kidneys by that route at least, and we thus have not only a permanent cause of dropsy, but a mechanical obstacle to the introduction, through this channel, of the ordinary remedies used to remove it. Other forms of disease of the liver sometimes give rise to dropsy, but much less frequently than cirrhosis, and to a much more limited extent. Enlargement of the spleen is supposed to produce the same effect, but statistics show that this is very rarely a cause of dropsical effusion to any marked degree.

In one of the cases of ascites shown you, we have great distension of the abdomen, and in connexion with a cause which we find it difficult to appreciate. You will remember it as the case of a sailor, 26 years of age, who entered the hospital for the first time in October of last year, with abundant effusion into the abdomen, and also oedema of the lower extremities, and who was suffering from malarial cachexia contracted at Aspinwall, upon the anæmic state produced by which the dropsical effusion was at first supposed to depend. Under the influence of rest in the hospital, and the use of chalybeates, the oedema of the feet and ankles disappeared, but the ascites remained without much change—diuretics produced little or no effect, and it was not until after the free use of elaterium, that he was so far relieved as to return to his occupation as a sailor. A second voyage to Aspinwall brought on another attack of ascites, for which he was treated here, but with what remedies I have not ascertained. He went again to Aspinwall, and on the 30th of June entered the hospital with a third attack of ascites, when he came a second time under my care. His general health seems to be but little affected, there is little or no emaciation, his pulse is nearly natural, he is free from paroxysms of fever, and seems to suffer from little except the effusion into the cavity of the abdomen. Moderate enlargement of the spleen can be felt now, as it could be in October last, but no enlargement of the liver can be detected, nor is there much enlargement of the epigastric veins, as we so usually find in advanced cases of cirrhosis. To what must we attribute the dropsical effusion in this case? The liver and spleen present no evidence of disease sufficient to account for such an effect. The fact that the disease has already disappeared twice, would seem to discountenance the idea that we have a case of cirrhosis, while the recurrence of the effusion for a third time, each time after exposure to malarial poison, would seem to point to some connexion between these as cause and effect. May we not attribute the effusion in this case to congestion or subacute inflammation of the serous lining of the abdomen, which has relieved itself by the effusion, as we see in the pleura, pericardium, etc.? I have seen such an effect follow this cause in one other case, or at least have seen effusion into the abdomen follow exposure to malaria.

In the remaining of the three forms of dropsy, of which our cases furnish an illustration, the renal, we have a diseased state of the kidneys themselves, as the immediate agent in its production, and acting more or less decidedly in promoting effusion according to their different pathological conditions. In the acute form, with enlarged kidney, the obstruction to the normal action of the organ is greater than in the contracted or gouty kidney, and hence we usually have a larger amount of dropsical effusion than in the latter, even though the condition of the patient may be more anæmic than in the former. But in this, as in other diseases, we sometimes have a watery state of the blood contributing its share to the dropsical effusion, and also, as complicating nearly, if not quite half of the cases, some form of organic disease of heart, which may add to the amount of effusion in one or more of the ways already alluded to.

In the diagnosis of the three forms of dropsy to which our remarks have been more particularly confined, in connexion

with the cases in our wards, the seat of the effusion may be considered as pathognomonic of at least the seat of the lesion in one form, that of ascites, in which we always seek the cause within the cavity of the abdomen itself; and it is, in a certain proportion of other cases, an important auxiliary, as in those cases of albuminuria in which the swelling commences in the face. Indeed, there is something so characteristic in the doughy and anæmic expression of the countenance, with distended cheeks and puffy eyelids, that we see, in some cases of Bright's disease, that we can hardly fail at once to recognise the nature of the lesion. Perhaps we are also safe in saying that when the effusion is confined to the upper part of the body and upper extremities, the seat of trouble is in the right side of the heart, or the vessels leading to it.

When the swelling commences in the extremities, an examination of the physical condition of the heart, will enable us to say whether the cause of the dropsy is in that organ. If no cause for it is found there, we next examine the urine for albumen, by means of both heat and nitric acid, and determine by its presence or absence, whether it is or is not a case of renal disease. If there are no physical signs of disease of the heart or of the large vessels, and there is no albumen in the urine in a case in which the effusion is confined to the cellular tissue of the lower extremities, we have good reason for attributing the trouble either to an exhausted state of the system, or to a watery condition of the blood, or to these two causes acting together.

The three emunctories upon which we depend for the removal of dropsical accumulations are the skin, the bowels, and the kidneys, and we direct our remedies to one or more of these organs, according as we find them in a more or less favorable condition for their action.

In cardiac dropsy, the kidneys and the bowels are the organs upon which we should most naturally depend for the removal of the accumulation, and hence the frequent resort to certain forms of diuretic remedies and purgatives so common among practitioners—and in consequence of the tendency to congestion of the liver in some forms of cardiac disease, we find it important often either to act decidedly upon the liver from time to time by means of some mercurial purgative, or to combine a mercurial in smaller doses with our diuretics, so as to produce an alterative effect, as is done in that combination so long in use as to become almost a classical prescription, that of Dr. Baillie, of London, consisting of equal parts, one gr. each, of calomel, squills, and digitalis. This latter article owes its introduction into this combination to its supposed effect in retarding the circulation, and thus diminishing the frequency of the pulse, upon which its diuretic properties are said to depend. This pill, with the slight modification of the substitution of the blue pill for calomel, our patient with extensive oedema of the lower extremities, and with marked preponderance of effusion in the right hand, has been taking for several days and with some apparent benefit; but it has affected the bowels so much within a day or two that we have concluded to suspend it, and return to the acetate of potash and infusion of buchu, which he had been before taking. The quantity of urine passed by this man, during twenty-four hours, has ranged from sixteen ounces to twenty-four ounces during the last ten days, and had yesterday reached thirty ounces, while to-day it is marked as low as eight ounces. This low figure must not, of course, be taken for the whole amount of urine passed during twenty-four hours, and certainly not as a representative of the amount of fluid which has passed from his system, because the free operation of the pill upon the bowels has carried off much fluid in that way, and has also prevented the collection of the urine for measurement.

In the slighter cases of cardiac dropsy, rest in a recumbent position, and the use of means to relieve congestions when they occur, will often be sufficient to remove the effusion, even without the aid of diuretics, or with some of the milder ones. This has been the case with the man in our

wards with mitral disease, whose dropsical effusion, which was well marked when he first entered, disappeared after a few days, under the use of the means (dry cupping, etc.) for the relief of the congestion of the lungs from which he was suffering when he came to the hospital, and the acetate of potash and infusion of buchu as a diuretic.

Dr. Golding Bird divided diuretics into two general classes, the specific, or those which act upon the kidneys by merely stimulating them to increased action, without increasing the quantity of solids in the urine; and the chemical or alterative, which at the same time that they promote the discharge of urine, favor certain changes which are constantly taking place in the system, and thus increase the amount of solid elements in that fluid, and act as true depurants. Under the former head belong squills, turpentine, copaiva, juniper, etc.; under the latter, the alkalies and their carbonates, and more particularly their combinations with vegetable acids, as the acetates, tartrates, and citrates of soda and potash. Both of these classes of diuretics are used in cardiac disease; but I regret to say with doubtful success, as are all the remedies addressed to the kidneys in dropsy dependent upon valvular or other obstructions of the heart and large vessels. More dependence is usually to be placed upon means used to relieve congestions, and to control the action of the heart, and keep up the tone of the system.

In ascites dependent upon cirrhosis of the liver, diuretics afford little or no chance of relief for the two-fold reason that they cannot pass through the liver, and hence are deprived of one very important route for reaching the kidneys, and that if they could reach them through this channel, they would be inadequate to the relief of this symptom, because it depends upon a permanent, mechanical cause—and even if the accumulation were removed, it would constantly recur from this cause. The woman whose case forms one of our list passes, on an average, only about twelve ounces of urine in twenty-four hours, and the quantity of effusion into the abdomen has remained with little change since last February, when she was admitted into the hospital, notwithstanding she has been using some form of diuretic all of the time. In these cases, the state of the mucous membrane of the stomach and bowels is usually such as to forbid the use of active purgatives, while the general condition, which is commonly much below the standard of health, forbids the use of remedies which will deplete the system, or interfere with its nutrition. I would say, however, that one case of supposed well-marked cirrhosis, in a man under the care of one of my colleagues in the hospital, last year, in whom the effusion reached such an extent at one time as to require tapping for relief of urgent symptoms produced by distension of the abdomen, was apparently entirely cured, and went out from the hospital wholly free from effusion into the abdomen, under the continued use, for several weeks, of large doses of the iodide of potassium. But such cases are exceptions to the rule which dooms patients with confirmed cirrhosis to a constant downward tendency, though often at quite a slow rate of progress.

The case of our other patient with effusion into the abdomen, and to a much greater extent than in the one just spoken of, and which we have supposed to depend upon some other cause than cirrhosis, and to be connected in some way with malarial influence, differs from this in several respects. Among the points of difference may be mentioned the recurrence of the effusion for the third time, but slight, of enlargement of the superficial veins of the abdomen, the general good health of the patient, and the effect of remedies. The quantity of urine which, when first measured, seventeen days ago, amounted to sixteen ounces in twenty-four hours, now marked at sixty ounces during the last twenty-four hours. He has been taking the acetate of potash and infusion of buchu, until the past few days, when the compound diuretic decoction of the hospital consisting of squills, senega, juniper berries, and sweet spirits of nitre, was substituted, since which the quantity

of urine has increased from forty-eight to sixty ounces in twenty-four hours. His bowels have been loose for a part of the time since he entered the hospital, and he has taken no remedy to act upon them for the removal of the effusion. You will remember that on his first attack, the free action of elaterium was the only remedy which seemed to reach his difficulty. I could remark, in passing, that in other instances within a few days there has been an increase in the quantity of urine discharged after a change from the acetate of potash and infusion of buchu to the diuretic just mentioned. You will notice that this decoction contains articles which come under Dr. Bird's first head, that of special diuretics, articles which stimulate the kidneys without producing any special change in the quantity of the urine passed.

In renal dropsy, especially in acute cases, in which the effusion depends almost wholly upon the congested or otherwise altered state of the kidneys themselves, diuretics must be sparingly used, if used at all, and we must depend for the removal of the dropsical accumulation upon the skin and the bowels; and of late years, we have been in the habit of directing our remedies mostly to the skin. This is done by means of diaphoretics internally, such as spiritus mindereri, in combination with ipecac or tartrate of potash and antimony, unless forbidden by irritability of the stomach, as sometimes occurs, either with or without a small proportion of sweet spirits of nitre, and the hot air bath externally. This bath is given by means of a very simple apparatus, consisting of an upright and a horizontal tin tube, about three inches in diameter, joined at right angles, and arranged at a proper height for introduction under the bed-clothes, through which is made to pass a stream of heated air by means of an alcoholic lamp beneath it. This apparatus, by the way, is used for other purposes, such as cases of collapse, and is so simple in its construction, and so cheap in its cost, and at the same time so efficient, that I should recommend practitioners to provide themselves with one. This is administered three times a day, for about twenty minutes each time, with the effect usually of causing the patient to perspire very freely. Under the use of this means alone, the kidneys will sometimes begin to act at once, and in a few days, the effect upon the dropsical swellings will be very marked. I have known the quantity of urine increased from a few ounces (sixteen ounces in one case) up to over a hundred ounces in twenty-four hours. You would probably hardly anticipate that a remedy acting so directly upon the cutaneous surface would prove so powerful a diuretic—but such is the fact. And how does it produce this result? Doubtless by relieving the congestion of the kidneys, and thus enabling them to resume their functions, which the congestion had before prevented.

The same indication is fulfilled by depletion over the region of the kidneys by means of cups or leeches in recent cases, and when there is febrile excitement. In the cases received into the hospital, we more frequently use dry cups; and both here and in private practice, I am in the habit of applying a strong mustard poultice over the lumbar region several times in the course of the day, and keeping that part well covered the rest of the time by a warm emollient poultice.

Opinions respecting the use of diuretics in albuminuria, have undergone more or less change with the increased knowledge of the pathology of the disease, and may be now said to be undergoing another modification. Before the congestive and occasionally inflammatory character of the lesion were recognised, diuretics of different kinds were freely used, and often the principal remedies depended on. When the state of the kidney, which now exists in the acute cases, was recognised, the use of diuretics of every kind was strictly forbidden; and about this time, the present prevailing mode of treating the disease by diaphoretics, and especially by the hot-air bath, was brought forward by Dr. Osborne, in a work on the subject, and soon afterwards was inaugurated as the treatment in our hospital



by the late Dr. Swett, then one of its attending physicians, a precedence which it has retained ever since. It is a fact of some interest in connexion with the history of the therapeutics of this affection of the kidneys, in our hospital at least, that for several years immediately previous to this, most of the cases of albuminuria were treated by small doses of the bi-chloride of mercury, a mode of treatment introduced by the late Dr. Wotherspoon, afterwards of the army, then resident physician of the hospital, and with a measure of success which was thought to justify its almost universal use; and I have recently been informed by a medical friend in extensive practice in a neighboring city, that he still treats his cases of this disease in this way. This fact is rendered the more interesting by the circumstance that mercury is now considered by many writers so injurious in this disease, that we are cautioned against its use in its treatment.

The milder forms of diuretics are now recommended in albuminuria, such as the acetate, bi-tartrate, citrate, and sometimes the nitrate of potash, either with or without the sweet spirits of nitre, and probably act as auxiliaries in some cases. The muriated tincture and other preparations of iron, which are so urgently indicated in most forms of albuminuria, to remove or modify that morbid condition of the blood so intimately connected with the production of the disease, may assist in some measure in removing the serous effusions which take place, by improving the condition of the blood, and thus aiding to remove one of the predisposing causes of the disease—for I must remind you at the close of my remarks, as I did at the commencement of them, that dropsy is but a symptom, and you will observe that I have confined myself to the study of it in this light, without attempting to touch upon the many other important points connected with the cases which I have presented to you, nor even upon its therapeutics to more than a limited extent. The study of different diuretics and of their mode of operation, would furnish material for at least another lecture, while the consideration of other means used for the relief of dropsy, such as tapping, acupuncture, incisions, bandaging, etc., would require more time than we can now devote to it. The subject of albuminuria especially, is one of great interest, and I shall hope on some future occasion to direct your attention more particularly to its pathology and its treatment, in connexion with cases of the disease, which our wards seldom fail to present to us, and often to a considerable extent.

**HOMOEOPATHY IN CLEVELAND.**—We sincerely regret, says the *Ohio Med. and Surg. Journal*, to learn that the principal, if not the only, hospital resources of our friends of the Cleveland Medical College, have been wrested from them and awarded to the homoeopaths. For a number of years our friend Professor Weber has occupied the post of physician and surgeon to the county infirmary and city hospital of that place, to which his services have been given gratuitously. Recently he was superseded by the appointment of the professor of surgery in the Cleveland Homoeopathic College. We suppose the latter will occupy the place till some specious representative of spiritualism, or some later edition of humbuggery, supersedes him. It is not at all likely that the city council of that city will very soon award it to any one not the representative of some form of humbuggery.

**SEAMEN'S RETREAT.**—The whole number of Seamen admitted during the past year, was 1,104. There remained on the last day of 1858, 132; making a total of 1,236, who were under treatment during the year 1859.

There were discharged, cured, . . .	910
" " " relieved, . . .	111
" " " by request, . . .	27
" " " died, . . .	64

Total number discharged, . . . 1,112  
—Report for 1859.

## Original Communications.

### REPORT OF THE CASES OF FRACTURE OCCURRING IN PRIVATE PRACTICE,

WITH OBSERVATIONS UPON TREATMENT.

BY DAVID P. SMITH, A.M., M.D.

OF SPRINGFIELD, MASS.

(Continued from page 60.)

#### FRACTURE OF THE CLAVICLE.

SEVEN cases of fracture of the clavicle have come under my notice. Of these, three occurring in men, were attended with very marked displacement. In the case of these three I used the "adjuster for fractured clavicle," invented by J. Crawford, M.D., and manufactured by G. A. Watkins. One, in three weeks, had firm union without the slightest deformity; another showed a slight protuberance at the site of injury; and the third, disgusted with the galling and restraint of the apparatus, threw it off at the end of two days, and returned no more. Four cases were children under twelve years of age, and were easily managed by very simple dressings. In the last one I used nothing but adhesive straps. They retained their place well, and, although applied to a very unruly child, furnished a cure without any deformity.

The "adjuster" used in three most difficult cases is certainly a very perfect instrument, and applied with care and judgment cannot fail of being productive of the best results. Its comparative expense does not appear great when we reflect that it is of great use in some fractures of the humerus.

#### FRACTURES OF THE HUMERUS.

Eleven cases of fracture of the humerus have fallen to me. Of these, two were of the shaft of the bone just above its middle third; three near the middle; one, as near as could be ascertained, at or near the anatomical neck, and five of the condyles. The following are the only cases in this collection worthy of special note:—

**Case 1.**—March 1st, 1854. Saw an employé on the H— and S— Railroad who had sustained a severe compound fracture of the right forearm. Both radius and ulna were fractured, and through a large ragged wound the finger could easily explore the ends of the fractured bones. No loose fragments could be discovered, and on extension being made, and the bones being placed in their proper position, warmth returned to the hand, and a slight thrill to the arteries. As the elbow joint was uninjured, and as the man was only twenty years of age, the formidable nature of the injury did not appear to me to imperatively demand the removal of the limb. In this view of the case I was fully sustained by Dr. Beach. The limb being carefully adjusted on a firm splint he was placed in a quiet room with a good watcher, and under the influence of a large dose of opium passed a quiet night. The next day the limb swelled immoderately, and his pulse began to quicken; his tongue assumed a dry glazed appearance, and muttering delirium came on. No pus formed in the limb, and no signs of gangrene. Perfect quiet was enjoined; opium, brandy, and broth administered, a stimulant enema thrown up, which brought away large quantities of blackish feces, but all to no effect. His delirium increased to such an extent that it was impossible to prevent the grating of the bones on each other; the pupils of his eyes were strongly contracted and insensible to light. His pulse became weaker and weaker until it ceased altogether, and about eight hours after he expired—four days and a half after the accident.

In reviewing this case the following conclusions are

forced upon me. The man died from nervous irritation and loss of blood, which I found had been allowed to flow from him for four or five hours before I saw him. I erred in not immediately amputating the limb. He might have died even then, but still he would have had more chance of recovery.

*Case 2.*—Feb. 19, 1854. Saw Mr. —, who had just sustained an oblique fracture of the humerus just below the insertion of the deltoid. The muscular contractions of the limb were quite extraordinary, and forbade any attempt to set the fracture until strong extension and counter-extension had been made for some time so as to tire the muscles. As I was obliged to bind on the splints very firmly, I probably pressed the inner splint too high into the axilla; for when, four weeks after, I removed the splints the arm was completely paralysed. Rubbing and rotary movements of the arm, however, in one week overcame the difficulty, and when I last saw him he was lifting a barrel of flour.

*Case 3.* I was called to see Miss — for a supposed sprain of the upper arm at or just below insertion of deltoid. There were all the indubitable marks of fracture to be found except crepitus. Indeed the bone could be bent almost to a right angle at that point. On inquiry I found that four months before she had fallen, and, as her physician told her, severely injured the arm; the existence of fracture, however, was not suspected. In about three weeks she regained the power of using the arm; but noticed that when she played on the piano-forte her hand would sometimes fly further than she intended. About a month after that she fell down stairs, after which, for a few days, her arm was powerless. She then began to use it again imperfectly. Finally, while on a visit in Brooklyn, N. Y., she fell again, injuring the arm. Two or three days after this she came to Springfield, when I immediately discovered the fracture. The history of the case, and the absence of crepitus, made it evident that the fracture occurred at the first accident, and that there was great danger of a false joint. In order to prevent all motion of the arm I used the "adjuster for fractured clavicle," already spoken of. This held the humerus perfectly motionless throughout its whole length, allowing her to rise up or lie down without the slightest sign of motion at the seat of fracture. Union became quite firm at the end of four weeks. She then returned home. In, I believe, about two and a half months from the time of their application, she threw aside the splints and had full use of the arm. About one year after this, while in Burlington, Vt., she again broke the arm at the same point. She recovered from this slowly; but union finally became firm. I should, in a similar case, I think, adopt the plan of Prof. Hamilton, and dress the arm in the extended position.

#### FRACTURES OF THE FOREARM.

Besides the fractures of the lower end of the radius, which I will mention hereafter, I have had eight cases of fracture of the forearm. Three only of these were complete fractures of both bones. Five were well marked examples of bent bones; two of which required a good deal of force to straighten. One of the last was a fracture of one bone, and while the union was imperfect the patient received a severe blow upon the same arm, which bent the other bone so much that I was obliged to put the boy under the influence of chloroform and use great force before I could straighten it.

I have treated nine cases of Colles's fracture of lower end of radius. I know of none more apt to be followed by annoyance to the patient, and unmerited blame to the surgeon. The complications that are so apt to occur can, in my experience, be prevented by no human skill. Says Dr. Mott—"Fractures of the radius within two inches of the wrist, when treated by the most eminent surgeons, are of very difficult management so as to avoid all deformity; indeed more or less deformity may occur under the treatment of the most eminent surgeons, and more or less im-

perfection in the motion of the wrist or radius is very apt to follow for a longer or shorter time. Even when the fracture is well cured, an anterior prominence at the wrist, or near it, will sometimes result from swelling of the soft parts." Says another distinguished surgeon—"As the above opinion of Professor Mott coincides with my own observations, both in Europe and in this city, as well as with many of our most distinguished surgical authorities, I venture to hope that it may assist in removing some of the groundless and ill-merited aspersions which are occasionally thrown on the members of our profession by the ignorant or designing." Says Professor Hamilton—"Fifty examples of simple fracture near the lower end of the radius have furnished no cases of non-union, nor indeed do I remember ever to have seen the union delayed; yet only sixteen are positively known to have left no perceptible deformity or stiffness about the joint; it is probable, however, that the number of perfect results might be extended to twenty."

Of the nine cases treated by myself, five at the end of four months were perfectly cured, two of them much earlier, no stiffness or deformity of the remaining four being left; one, occurring in a young lad, where the displacement was very great, was complicated by the formation of matter between the radius and ulna on the palmar surface. This, which I suspect arose from the irritation of the pointed extremity of the upper fragment, which, at the time of the accident, nearly penetrated the skin, retarded the recovery somewhat; but eight months after the injury no impairment of the functions of the limb was observable; the only deformity to be found upon a very careful examination was a little prominence of the styloid process of the ulna. The three remaining cases caused me much annoyance and trouble. One of them occurring in a very fleshy person, although uniting without deformity, resulted in great rigidity of the fingers, which required a year's perseverance to overcome. There were also present very severe pain and soreness arising from the stretching of the radio-ulnar and the internal lateral ligaments. But little use was made of splints, and they were early dispensed with, and every effort was made, by steady perseverance in passive motion and by the use of emollients, to remove the stiffness of the fingers. Now, two years since the accident, there is a very little stiffness, and at times a good deal of pain about the internal lateral ligament.

Another case occurring in a feeble woman, was characterized by such great and persistent deformity, that considerable force was required to reduce and keep in place the fragments. She recovered very good use of hand and fingers in about two months. The only deformity was a permanent inclination of the hand to the ulnar side.

Another case, which occurred in Nov. 25, 1856, was the worst of the nine. I was called to it in the evening on account of the absence of the lady's customary medical attendant. The deformity was characteristic, and the existence of a fracture three quarters of an inch from the lower end of the radius extending obliquely downwards and forwards was beyond question. I dressed the limb in the manner recommended by R. W. Smith, of Dublin. Just as I was leaving the house my sanction was asked for the application of arnica. The next day I visited her twice. The day after, thanksgiving day, I visited her in the morning; found everything so comfortable, that she wished to cross the street to visit a neighboring family in the afternoon; gave her permission so to do; raised the upper splint, every thing appeared as it should. The next morning I was called upon very early to visit her, and found the arm badly swollen to the shoulder, and covered by an erysipelatous eruption. I immediately removed all splints and bandages, placed the limb upon a pillow and covered it with cloths wet with solution of morphia. Internally I directed the exhibition of stimulants. There was a doubt in my mind as to whether this inflammation was pure erysipelas arising from constitutional causes, or whether it was not of a specific character, arising from an over use of the arnica. This doubt I stated to the patient and her friends, but no con-

sultation was hinted at. Not dreaming of any blame attaching to myself, and feeling no hesitation as to the proper treatment to be pursued, I continued with the entire responsibility of the case. The erysipelas assumed the phlegmonous form; and small collections of matter formed around the roots of the fingers. A patch of blistered surface upon the back of the forearm required considerable time and patience to heal; but at the end of about seven weeks I ceased attendance after desiring that passive motion of the wrist and fingers should be persevered in. Then, and not till then, I learned that my treatment had been severely criticised, and that the occurrence of the erysipelas, which at first I was at a loss to account for, so suddenly and terribly at its onset, was attributed to tight bandaging. The fingers were stiff from fibrinous effusions into the sheaths of the tendons, and the characteristic deformity, which I had predicted, when I was forced to leave off the bandages and splints, was present, and that was enough. The patient visited Boston and reported upon her return, that some surgeon said that the arm was a crying shame to me, or words to that effect. It is said that, a year or more after my attendance, this same patient, while suffering from the double infliction of a severe sprain of the ankle, and a homœopathic practitioner, had another attack of erysipelas.

The splints used in this case were broad; the back-curved splint extending from the elbow to the end of the fingers, and the palmar splint extending only to the wrist. They were carefully padded and held in place by a roller bandage outside of everything, so that circular constriction of the arm was simply impossible. Every precept laid down by R. W. Smith, in his work on fractures about the joints, was carefully and scrupulously complied with. They were not tightly applied. I have endeavored to lay before the profession a plain statement of this case, for I consider that it is of more importance to report bad cases than the more fortunate. I need enter into no argument to show how cruel and unjust were the aspersions cast upon me. I prefer to leave the professional reader to draw his own conclusions from the plain statement of the case. I will quote a very similar case from "Hamilton on Fractures:" "Charles Stratton, a healthy and temperate laborer, æt. 36, fell forwards from a wagon, Nov. 22, 1854, striking upon the palm of his hand and breaking his radius a little more than one inch above the joint. I found the lower fragment displaced backwards, and it was easily reduced by pressure in the opposite direction. The fore part of the wrist being quite tender to pressure, the splint was applied to the dorsal surface of the forearm; the splint was pistol-shaped, and the surface which was applied to the arm was padded with care; it was secured in its place by a few light turns of a roller, and laid across the body in a sling. The arm was seen by me on each of the succeeding seven days, and on the third, fifth, and seventh days, the splint was removed completely; but on this last day an erysipelatous inflammation had commenced in the neighborhood of the wrist. The splint and roller were, therefore, not re-applied, but the limb was laid upon a broad board, cushioned and covered with oiled silk, and cool water irrigations were directed. The inflammation soon subsided, but the splint was never resumed, as the fragments were found to stay in place perfectly without its aid. At the end of five weeks union seemed to be consummated; and one year later the bone was found to be perfectly straight, yet the wrist-joint and the finger joints remained stiff, so much so that he was unable to perform any labor. The stiffness was, however, gradually disappearing; while all swelling and tenderness had long ceased."

**LAUDANUM IN WEAK VISION OF THE AGED.**—Professor Nascar, of Naples, says that in case of aged persons whose sight is becoming enfeebled and requires the aid of convex glasses, great advantage is derived, supposing no nervous lesion exists, from painting every evening the eyelids and brow with laudanum, and allowing this to remain on all night.—*Medical Times and Gazette.*

## A CASE OF LITHOTOMY IN A COLORED SEAMAN—

INFREQUENCY OF VESICAL CALCULUS AMONG SEAMEN.

BY T. CLARKSON MOFFATT, M.D.,

RESIDENT PHYSICIAN TO THE SEAMAN'S RETREAT, S. I.

THE operation of lithotomy has become so common as to deprive it of any very striking or peculiar interest. One of the earliest, it has become also one of the simplest operations which the surgeon is called upon to perform. It has been variously modified since its introduction, and as now generally performed it has been ranked among the safest and most satisfactory operations. The details of the subjoined case are given, not because it is supposed to stand in any respect alone, but chiefly in deference to the opinions and wishes of others who have deemed it worthy of a permanent record, and of some features of interest connected with it that have not come under my notice in the published cases to which my attention has been drawn.

The subject of the operation was a negro, twenty-four years of age, a native of Pennsylvania. He was about five feet in height, well proportioned, and weighed about one hundred and twenty-five lbs. He had followed the sea from a very early age, generally in the capacity of a cook. He obtained admission to the Retreat on the 8th of July, 1857. The expression of his countenance indicated great physical suffering; he walked in a bending position; knees and thighs bowing outward, and with one hand pressing almost constantly upon the hypogastrium, to which locality he referred all his distress. He gave a very intelligible account of his sufferings, which had continued in a more or less aggravated form for about four years;—he had frequently applied to physicians for medical aid, who prescribed for what seemed the most prominent and distressing symptom, viz. great irritability of the bladder. On the day after his arrival a steel sound was introduced, and the presence of a very large calculus clearly made out; the point of the instrument sweeping across it from side to side gave some idea of the magnitude of the contained mass; and the peculiar feel and sound produced, indicated the composition of its exterior structure. The operation for the extraction of the stone was deferred until the 25th, and during the interval a course of preparatory treatment was adopted. This consisted chiefly in the liberal use of mucilaginous drinks, a restricted diet, with an occasional aperient, and hip-baths, which served at times to alleviate the intensity of local suffering. Assistance in performing the operation was ably rendered by the following medical gentlemen, viz. Drs. Isaacs, Robinson, Forshee, and Stiger; there were also present Drs. Anderson, Boardman, Pullen, Wilson, and Hinman. The patient was placed fully under the influence of an anæsthetic, consisting of equal parts of chloroform and sulphuric ether, by Dr. Robinson. The usual lateral incision into the perineum was made, and the bladder entered without difficulty. The finger, introduced through the wound, came immediately in contact with the rough surface of the calculus, which appeared to be about the size of a turkey's egg. It was perfectly evident that the mass could not be removed entire through the opening which had been made. After enlarging the orifice as much as it was deemed safe, its extraction was still found impracticable, and an attempt was then made to break the stone in pieces. On grasping one end of it with a strong pair of forceps but slight force was required to crush the outer covering, which was about three-eighths of an inch in thickness, and this was brought out between the jaws of the instrument. This operation was repeated several times, bringing away with each withdrawal of the instrument a portion of the soft exterior coating, in a pulsatious form. In doing this the jaws of the instrument would sometimes become so deeply embedded in the yielding substance of the mass that I was often obliged to pass my finger through and press it aside. After working in this way for about half an hour, during which



three pairs of forceps were successively bent or broken, I succeeded in reducing the size of the calculus, so that with a pretty strong pull it came away. It was found, on inspection, to be threefold in its structure, consisting of a nucleus, very hard, and of a greyish white color, composed of urate of ammonia, then a layer of the dark oxalate of lime, and, lastly, the jagged outer covering of the phosphate of ammonia and magnesia.

The bladder was then thoroughly washed out with a syringe, and the patient placed in the usual posture in bed. He remained unconscious throughout the operation, and awoke a few minutes afterwards perfectly relieved of the hypogastric distress from which he had suffered for so many years. But little constitutional excitement followed the operation, and this of short duration. He slept and ate from the date of the operation in the most natural manner. The urine began to follow the accustomed channel on the sixth day. After the twelfth day he sat up the most of the time. From the third day the edges of the wound were covered with a white sandy crust, and some of the same substance appeared in the urine, for which alkaline demulcent drinks were freely administered. On the twenty-second day after the operation the patient complained of great pain in the hypogastrium, and inability to void his urine. On examining the wound, it was found plugged with a mass of white, stringy mucus, mixed with sand, on removing which the urine escaped with great force; a small quantity of the same substance was removed from the meatus, and on feeling along the course of the urethra, it was found to be distended for about two inches, with a hard substance so impacted that it could not be moved with the finger. Chloroform was given him, and small-bladed forceps were carried down until their points came in contact with the mass, and were made to grasp it, when with slight traction it was removed. It was very hard, perfectly cylindrical, and about two and a half inches in length, consisting of very small particles of phosphatic deposits, mixed with mucus; after this the urine flowed without obstruction, and the patient was entirely relieved. I have had the pleasure of seeing the patient several times since he left the Retreat, in perfect health, without a trace of his original trouble. I have been unable to find in the records of the Seaman's Retreat, embracing a period of twenty-eight years, during which 46,036 seamen have been treated in the institution, any other case of calculus, a fact which corroborates the generally received opinion that the disease is comparatively very rare among seamen. The fact that negroes are peculiarly exempt from these troubles adds another feature of interest to the case above detailed.

SEAMAN'S RETREAT, July 24th, 1860.

**DUTIES OF PHYSICIANS TO MEDICAL SOCIETIES.**—The *Cincinnati Lancet and Observer* contains the following just strictures: "It is to be lamented, that so small a number of the three thousand physicians of the State can be induced to attend the meetings of the Society. This should not be. We know some men who persistently ridicule, not only the State Society, but also the local societies in their neighborhood. There are some people in the world who, if they cannot have a society of which they may be members adopt their ideas or course of policy, withdraw in great disgust, and abuse it. The fact is, and it may be stated in plain terms, that the day of attending to your own business, letting medical societies alone, and confining oneself to his little practice, is about over. Every man who absents himself from medical societies is, as a general rule, either a poor practitioner, a man who practises his profession as a trade, or a charlatan. The only way to elevate our profession is for each and every member to manifest interest in it, and in everything which concerns it. The persons, then, who absent themselves from societies may be said to be unworthy of general professional regard, for they neither do anything for the general good, nor applaud by their presence those who desire to do something."

## Reports of Hospitals.

### NEW YORK HOSPITAL.

#### DISLOCATION BACKWARDS OF THE FIRST PHALANX OF THE THUMB.—REDUCTION.

[Reported by ROBERT F. WEIR, M.D., Resident Surgeon.]

A LAD aged 15 years, was admitted March 9th, 1860, having produced the above injury twenty-four hours previously, by accidentally striking the bulb of his left thumb against a board. He was seen by a physician shortly after the reception of the injury, who etherized the patient, and made several unsuccessful attempts to reduce the luxation by extension and counter-extension, by means of a "clove hitch," &c. A second trial was resorted to the following morning with a similar result. On admission, the integument of the distal phalanx was found stripped off, its bulb much contused, and the radial portion of the hand considerably swollen. On examination the distal portion of the first metacarpal bone was felt in the palm, in the first metacarpal space, with a corresponding projection posteriorly caused by the proximal end of the phalanx, which formed an obtuse angle with the metacarpal bone, the first phalangeal joint not being at all flexed. Patient was again put under the influence of the anæsthetic, and extension made with Malgaigne's forceps both in the axis of the thumb and also at right angles anteriorly and posteriorly without effect. Forceful dorsal flexion was then resorted to, and the phalanx crowded towards its proper place, pressure also being made on the displaced head of the metacarpal bone. By this means, and then flexing the thumb strongly, reduction was, after two or three attempts, effected; though by bending the phalanx backwards the dislocation could be readily reproduced, but not by the patient. A considerable amount of swelling ensued, which, however, subsided in a few days, and on the 16th inst. he was discharged from the hospital, the motion of the joint being fully restored.

#### FIBRO-PLASTIC TUMOR IN THE CHEST.

[Reported by S. S. HARRIS, M.D., Resident Physician.]

Rosalie M—, æt. 35, a native of Germany, and married, was admitted April 11th, 1860. Five months before patient was attacked, after exposure to wet and cold, with acute rheumatism, which affected most of the large joints, and for want of proper treatment continued, with occasional intervals of relief, for about three months. A new set of symptoms then appeared, consisting of a severe pain beneath the sternum and also in the cardiac region, dyspnoea, cough without expectoration, and some oedema of lower extremities. Previous to the attack of rheumatism, her health had always been good. No hereditary predisposition existed. At the time she first came under observation she was suffering greatly from dyspnoea, which amounted almost to orthopnoea, and could obtain ease only in the sitting posture; respirations 40 per minute; pulse 100, and weak; some cough, but no expectoration; appetite poor; bowels costive; urine normal; lower extremities very oedematous. The physical signs were: anteriorly, complete dullness over the whole of the chest, and no respiratory murmur except over a small space beneath the clavicles; the heart sounds were distant, but no bruit could be detected. Posteriorly, respiration could be heard all over the chest, and was somewhat bronchial. The patient lingered until the 23d of April, twelve days after admission, when she died in a paroxysm of dyspnoea. Before her death she complained of severe pain in her chest, and had frequent and urgent attacks of dyspnoea. The autopsy was made twelve hours after death; a large tumor weighing seven lbs. was found occupying the anterior and lower portion of the chest, about two-thirds of it being to the left of the

median line, and completely enveloping the heart. It was connected with the pericardium, pleura, and larger vessels of the chest, but its main attachment seemed to be to the pericardium. On removal, the mass was flattened and circular in form, presenting a greyish appearance, with several blotches, apparently of extravasated blood, which were raised above the surrounding parts, giving the tumor a nodulated appearance. Interiorly, the tumor looked like medullary substance, interspersed with fibrous tissue. The mass had no connexion with the bony walls of the chest, and no bone-tissue was discovered in its substance. Dr. W. H. Draper made a microscopical examination and found all the appearances present which were peculiar to fibro-plastic tumors.

## PENNSYLVANIA HOSPITAL.

[Service of Dr. LEVICK.]

*Chorea in Pregnancy.*—MRS. —, æt. 16, had previously been afflicted with chorea at the age of 12. Now, being about four months pregnant, she had been again attacked, and there is no doubt that the affliction depended upon the condition of the womb. This form is exceedingly rare, Prof. C. D. Meigs having seen but three cases in a very extensive practice. Dr. Levick had, in hospital practice, met with two other cases, both in this institution. She has been treated by enemata of tr. opii at night, to relieve the great restlessness, and procure sleep. Her general condition has also been improved by the free administration of the subcarbonate of iron. When such a case occurs in a pregnant female, it becomes a question whether abortion should not be induced in order to stop the progress of the disease, as from the intense excitement, the inability to sleep, etc., fears are sometimes entertained of a serious result. In none of these cases has Dr. L. detected albuminuria, though by some it is regarded as the superinducing cause of the affection.

*Bronchitis.*—This patient complained of great pain in the side, with difficulty of breathing. She has a free, frothy expectoration, sputa streaked with blood. By auscultation mucous râles are detected. She has been taking a mixture composed of ammon. carb. gr. iij., syr. senegæ f3 ss., gum. sacch. alb. q. s., every two or three hours, according to circumstances. If sickness at the stomach is produced, omit the senega. This combination has been found of much value in bronchitis, and especially in typhoid pneumonia. A certain amount of effusion has taken place, and as she is quite weak, she will be put on wine whey, and stupes of turpentine be applied to the back.

*Rheumatism.*—In this disease, experiments have recently been made to test the value of the *propylamin*, or extract of fish pickle. It has, in some cases, acted well, though on the whole it has disappointed the physicians who have tried it. The acetate of potassa is now much used, and has been found to answer the indications excellently. Dr. L. is very partial to a combination similar to the Dover's powder. B. Pulv. opii, Pulv. ipecac. aa gr. ss., potas. acetat. gr. v., given every three or four hours. He exhibited several patients who had been thus treated, and one who, in addition, had been taking Scudamore's mixture; all were improving rapidly. In one case of acute rheumatism, a subcutaneous injection had been made of Magendie's solution of the sulphate of morphia. The strength of this is sixteen grains to the ounce of water. Of this, xv. minims were injected daily, and with the happiest results.

*Catarrhal Ophthalmia.*—This patient had been in the house previously for the gonorrhœal form, and now presents himself with that resulting from catarrh. He has had iritis, and being of a strumous diathesis, this was much aggravated. In these forms of affection of the eyes, much benefit has been derived from the employment of the oleum terebinthinæ 3 ss. three times a day. Slight salivation having been produced by the use of mercurials, he is also

using a gargle, which has been found of great benefit in the house practice. It consists of spt. vini gallici f3j., tinct. cardam. comp. f3jss., aquæ f3ij.

*Malarial Disease.*—A case of intermittent was next presented. This man had an enlarged spleen, and was evidently suffering under leucocythemia. He presented no other symptoms of the *morbus Addisonii* which would have been suspected from his general appearance, and Dr. L. did not believe there was any disease of the *capsule renales*. The treatment in this case has been the employment of quinia and iron. The most convenient way of giving these remedies is by dissolving the sulphate of quinia gr. i. in tr. ferri chloridi gtt. xv., which dose is given four or five times a day.

## NURSERY AND CHILD'S HOSPITAL.

COLITIS—CEREBRAL EFFUSION.

[Under the Care of Dr. ROBERT WATTS.]

CASES like the following are not of infrequent occurrence in private practice. Dysentery, complicated by cerebral symptoms, is one of the most dangerous and uncertain diseases of infancy, and one which requires great care and prudence on the part of the physician. A large proportion of severe cases of colitis in the infant is attended from the first with determination of blood to the brain, and the anterior fontanelle, if not closed, is seen to be prominent and forcibly pulsating. If the case is protracted, the congestion abates in a few days, but a new condition is liable to occur, that of serous effusion. Death often takes place from the congestion or effusion, when, if the case were one of simple colitis, the infant would probably recover. The patient whose history is narrated below had no cerebral symptoms till within five days of his death, when they were produced as afterwards appeared by effusion, and as often occurs in this disease, active treatment for the primary complaint was contra-indicated by the condition of the brain. The state of the lung was one of some interest. In nearly all cases, in this Institution, of death from protracted disease, there is hypostatic congestion of this organ, and often the part most dependent is in the condition observed in this instance. This part is dark red, non-crepitant, and sometimes allowing only partial inflation. This is no doubt the pneumonia of Billard and others, who consider position the chief cause of inflammation of the lungs in infancy. The pathological state appears, however, to be rather that of splenization described by Dr. Swett as occurring in continued fever.

I. G. was admitted into the Nursery on the 19th of last May, at the age of thirteen months. At the time of admission he was plump and healthy, and the fontanelles were closed. On the 1st of June he began to have green, watery passages, for which he took various prescriptions, containing for the most part, kino, Dover's powder, rhubarb, and hyd. c. cret. in small doses. On the 4th of June the symptoms became much aggravated, the stools frequent and bloody, and the pulse numbered one hundred and forty. On the 5th no blood was observed, his aspect was cadaverous, and he was evidently sinking. The Geranine mixture (a) was ordered, followed by temporary improvement. From this date till the 27th, there were various alternations, but there was commonly more or less blood in the passages. On the 27th a new class of symptoms was observed, the abdominal complaint continuing; he held his head back, rolled it from side to side, and occasionally uttered a shrill sharp cry. On the 29th his pupils were dilated, his pulse weak and irregular, he grated his teeth, and frequently uttered the same sharp shrill cry. He was ordered potas. iod. gr. i., to be given hourly, and McMunn's elixir gtt. i., to be given according to the state of the bowels. Constipation now succeeded; the extremities became cold; pulse scarcely perceptible, and on the 2d of July, he expired quietly. There were no convulsions during any part of his sickness.

*Autopsy, twenty-four hours after death.*—The occipito-frontal circumference of the head eighteen inches; distance over the vertex from one auditory meatus to the other, twelve inches; on removing the calvarium about four ounces of serum escaped from the ventricles and base of the brain; substance of the brain of usual consistence and appearance, with the exception of slight congestion; there was no thickening or opacity of the membranes, and no fibrinous deposit; lungs healthy and readily inflated, with the exception of a small portion not more than an inch in length by a third of an inch in breadth, situated in the posterior surface of the lower lobe on each side; these parts, which could not be inflated, were of a dark red color, and non-crepitant; no pleuritic adhesions, and little or no serum in the pleural cavities; foramen ovale and ductus arteriosus closed; liver of a yellow hue, weighing six ounces; mucous membrane of the stomach of a brownish tinge, but not vascular, thickened, or softened; mucous membrane of the jejunum and ileum healthy; mucous membrane of the colon thickened, and more or less vascular through its entire extent; there were many ulcers in all parts of the colon, several of them from an eighth to a quarter of an inch in diameter; the edges were raised and vascular, and in some of them were points of clotted blood; mesenteric glands considerably enlarged; the other viscera had a healthy appearance.

*Microscopical Examination.*—The dark red non-crepitant portions of the lungs, contained, besides the blood discs, the pavement epithelial cells, with very few imperfect exudation corpuscles; there were also a few small granular cells; the hepatic cells were quite fatty; there were many free oil globules in the field of vision; the bottom of one of the deepest ulcers was also examined, six hours after the autopsy, when vibrios were found and the muscular fibre was exposed.

## BELLEVUE HOSPITAL.

### TREATMENT OF HIP-JOINT DISEASE BY APPARATUS.

Is the first number of the *Medical Times* the report of St. Luke's Hospital contained the details of a method of treating morbus coxarius by extension and counter-extension, by an apparatus which allowed the patient to take proper exercise. This treatment has proved so advantageous, both in the immediate relief which it affords to the sufferings of the patient, and the permanent recovery of the diseased joint, that we deem it our duty to call the attention of the profession to it on every proper occasion. The principles which guide the surgeon in the application of extending and counter-extending apparatus in incipient hip-joint disease are the same as would lead him to place an inflamed part at rest, and remove it from every source of irritation. The joint surface being inflamed, the parts become acutely sensitive, and the first effort of the patient is to place the limb in a position best adapted to secure perfect rest. This is, indeed, attempted on the part of Nature, without even the will of the patient, by the firm contraction of the muscles of the thigh, which hold the limb in a fixed position. Although the patient may keep the limb in a quiescent state, and thus obtain a temporary freedom from pain, two important elements in the treatment are not secured, viz. the separation of the apposed joint surfaces and the ability to exercise, and thus maintain the general health. Instead of meeting the first indication, the very effort of the muscles to fix the limb tends strongly to press these surfaces together, and while freedom from acute pain is experienced by the sufferer, the conditions for a continuance of the inflammatory process still exist. To place a joint therefore in the best possible condition to insure a subsidence of the inflammation, we must permanently separate the apposed inflamed surfaces, and still enable the patient to take that amount of exercise necessary to maintain the

general health. A simple straight splint applied, as for fracture of the thigh, will, by extension and counter-extension, accomplish the first object. The relief that even this dressing gives, by the separation of the inflamed parts, is very striking. But it is now proved that an apparatus may be applied that will not only afford the requisite amount of extension and counter-extension, but which meets also the second indication in allowing the patient to exercise freely. This apparatus was described in the report referred to above.

A few days since Dr. Sayre brought two patients before the class attending the practice of this hospital, suffering from morbus coxarius, but in different stages. The first was a boy of eight or nine years of age, who had been treated with blisters and issues in the first stage of the disease, but without any good results. About nine months ago the treatment was entirely changed; the apparatus alluded to was applied, and the patient allowed to resume his outdoor sports. The relief was immediate and decided, the pain disappeared, and the general health of the little sufferer was gradually restored. With the splint applied he now walks and runs with ease, flexes the limb upon the trunk without pain, and from morning to night has scarcely a symptom to remind him of the disease from which he is rapidly recovering.

### EXSECTION OF THE HEAD OF THE FEMUR.

The second case illustrated the evils which follow delay in the treatment of hip-joint disease. The patient was a boy, aged about four years, in whom the disease had progressed to the formation of an immense abscess on the lateral aspect of the left hip. The operation was undertaken with reference, *first*, to the evacuation of this collection of matter; and, *secondly*, exsection of the head of femur, should it appear that the disease had advanced to the ulcerative stage. The patient was placed under the influence of chloroform, and a free incision made into the abscess. A large quantity of matter was suddenly evacuated, mixed with a curdy substance, revealing the cavity of a large abscess, with dark, sloughy walls. The finger passed around the joint detected an opening in the superior part, which seemed to lead to its cavity. Rotation of the limb, however, did not give crepitus until pressure was applied very firmly, both to the thigh and pelvis, when it became very perceptible. The operation was at once proceeded with, and on turning out the head from its socket it was found to have nearly disappeared. The remaining portion, with the trochanter major, was removed. The acetabulum was slightly carious, and the dead portions were separated with the gouge. The limb was dressed with Dr. Bauer's wire breeches, which answered admirably.

*COATES ON APOTHECARIES.*—Dr. Coates, in his Address before the Philadelphia County Medical Society, makes the following allusions to the apothecaries of that city:

"If Jeshurun be representative of our apothecaries, he has certainly, in some instances, waxed fat and kicked. Occupying, first, the wholesale drug business, he has also largely partaken of the sale of toilet and fancy articles. In other cases, it may be, he tends a little to emaciation. The result is, as far as stands conspicuous to the public eye, the appearance of multitudinous establishments throughout the city, an army of young men, a college, with its officers and appurtenances, the accumulation of large fortunes, and an active share in the administration of diversified public institutions: whilst Jeshurun retains the title of an apothecary, and more or less prepares and supplies drugs. Is the scientific and life and death parts of an apothecary's labors a thing so slight and limited as to require the occupation of so small a portion of human existence, and to leave leisure for all these glories? Or has their profession embraced all the genius of the city?"



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## American Medical Times.

SATURDAY, AUGUST 4, 1860.

## THE SALE OF POISONS.

WE last week noticed the action of the Academy of Medicine with reference to the enforcement of the new law of this State, passed by the last Legislature, regulating the sale of poisons. As this act has never been published in our columns, and as its provisions apply equally to the other cities, as well as large towns of the State, we insert it at length, in order to give it as wide a publicity as possible. It is as follows.—

The people of the State of New York, represented in Senate and Assembly, do enact as follows:—

SEC. 1. No person shall sell or give any poison or poisonous substance, without recording in a book, to be kept for that purpose, the name of the person receiving said poison, and his or her residence, together with the name and residence of some person as witness to such sale, excepting upon the written order or prescription of some regularly authorized practising physician, whose name must be attached to such order. Such book shall be kept open for inspection.

SEC. 2. No person shall sell, give, or dispose of, any poison or poisonous substance, except upon the order or prescription of a regularly authorized practising physician, without attaching to the vial, box, or parcel, containing such poisonous substance, a label, with the name and residence of such person; and the word "poison," printed upon it with red ink, together with the name of such poison written or printed thereon in plain and legible characters.

SEC. 3. These provisions shall apply to the following poisonous substances, excepting when sold in wholesale quantities of one pound and over, viz. arsenic and its various preparations; oxalic acid; corrosive sublimate; chloroform; sugar of lead; tartar emetic; opium and its preparations; oil of bitter almonds; cyanurets of potassium, mercury, silver, and zinc; deadly nightshade; henbane; poison hemlock; prussic acid; aconite and its various preparations; atropa and its salts; cantharides; croton oil; datura and its salts; digitalis and its preparations; nux vomica and its preparations; elaterium; ergot and its preparations; veratria and its salts; cannabis indica and its preparations.

SEC. 4. Any person infringing any of the provisions of this act, shall, upon conviction, be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding fifty dollars.

SEC. 5. This act shall only apply to incorporated cities, and villages having a population of one thousand inhabitants.

Of the origin of this law, and the means by which its enactment was secured, we have no knowledge; we are only surprised that a measure of this kind, designed to regulate the trade of a certain class of shopkeepers, ever passed the corrupt and venal body which disgraced our legislative halls last winter. Let us be thankful that this law, for which other countries and States have had to contend for years against the powerful opposition of druggists and pharmaceutical associations, has quietly taken its place upon the statute book, and now only awaits the application of the District Attorney to correct one of the most dangerous abuses of trade known in civilized communities.

But the question of prime importance is:—Shall this law be carried out, or shall it remain inoperative, a dead letter upon our statute book? That the better class of druggists throughout the State will carry out its provisions strictly, we have no doubt, for they have already a rule among themselves, adopted by the Pharmaceutical Association at its session in 1857, which is sufficiently stringent. The chief opposition will arise from that class of druggists who follow their business as a simple trade, reckless alike of personal character and the public good.

The duty of the medical profession in reference to the enforcement of this law seems to us plain. Every measure relating to the improvement of the public health ought to be vitally interesting to the physician, and should not only enlist his sympathies but his earnest efforts in its behalf. Now, no law has been passed in this State in many years which aims to accomplish more for the public safety than the one under consideration. We deem it therefore the plain duty of medical men throughout the State to aid, by every means in their power, its enforcement.

## HEALTH—EXERCISE—EDUCATION.

PHYSICAL EDUCATION, and health both of the body and the mind, are subjects not only of popular interest, but as strictly medical questions they are assuming decided prominence; and unless medical men keep in view the paramount importance of practical hygiene, and make themselves familiar with its principles and details, they will soon find themselves subject to the charge of ignorance and indifference, in a matter which in reality is one of the first, instead of the last, to which they should give heed.

The science of public hygiene, including those subjects which are embraced by the term "State Medicine," has latterly occupied the attention not only of the people of this and other countries, as evinced by the voluntary conventions and associations which have recently attracted so much notice on both sides the Atlantic; but several of the most enlightened governments of Europe, and some of our own land, have shown their appreciation of its importance by instituting commissions for the investigation of its various departments, while their statutes are made to bear already the practical fruits of such judicious inquiries.

The point to which we would particularly direct attention in this article is, that while these investigations and improvements are, in some instance, the results of professional suggestion and labor, in many others they are accredited to laymen, sometimes, but not always, in conjunction with medical coadjutors and advisers. We allude

to this fact not, of course, in disparagement of non-professional benevolence, intelligence, and public spirit, but merely as a hint to our professional brethren to beware lest the palm be removed from the brows upon which it should *first and most firmly* rest.

That the study of the public sources of disease, and the means of their prevention, is a duty which the profession owe to the people, is our firm belief; and it is doubtless the neglect of this duty which has aroused the benevolent and public-spirited of various lands, to assume to lead in a work in which they should have been followers, or at least co-laborers, only.

But this sin of omission, we regret to be obliged to say, is not confined to the *public* branch of the subject, but we fear is chargeable upon the profession, to too great an extent, in that other branch which is solely their province, in which their duties and responsibilities cannot be shared by governments, conventions, or associations. We refer, of course, to the supervision and direction of the private and personal hygiene of the individuals and families whose "sanitary condition" is intrusted to their skilled advice. From all sides, and the remotest corners of the land, the cry is coming up to us of the physical degeneracy of the Anglo-Saxon race; of the vast increase of nervous and other general or constitutional disorders—especially of females—the future mothers of the people, produced, no doubt in part, if not chiefly, by more effeminate modes of life, diminution of bodily exercise, indoor confinement, more luxurious tables, and perhaps by more than all other combined, the vicious system of school education now almost universal. Can we hold ourselves entirely irresponsible for the continuance and increase of these evils, when we raise no voice of warning against them? But further still. Are we not chargeable with too great neglect of the laws of hygiene in the treatment of the individual maladies which come under our immediate and daily care? Is not the case of Catharine E. Beecher, as related by herself,\* in this respect, a type of medical practice far too prevalent? Educated, as she tells us, up to the age of twenty, in obedience to all the laws of health, "not from principle but from poverty," she found herself at that age unable to recall the memory of a single day of sickness, and in the enjoyment of the physical and mental pleasures that are the attendants of *perfect health*. The cares and duties incident to self-support, the responsibilities and sorrows of life, soon reversed this happy physical condition, and during her second score of years she was a victim of maladies which brought her under almost continual medical treatment—and what were her reflections in the retrospect? "During that whole period I was constantly under the care of the most celebrated regular physicians of Connecticut, Massachusetts, or Ohio. Yet not one of them even inquired in regard to the ventilation of my sitting or sleeping rooms, nor the amount of exercise taken, nor the nature of my food, nor directed the bathing of the skin, nor told me to save my weak limb from any excess of exercise. The history of my medical experience under talented, highly-educated, and celebrated physicians, is worthy of attention and reflection." In this last remark we perfectly agree with the lady, and are convinced that the general neglect of these first essentials of health *in the treatment of diseases* is one of the most potent causes of

the abandonment of scientific medical practice for the dogmas of Priessnitz, Hahnemann, Thompson, and the rest of the numerous tribe of irregulars, who so well know our failing in this respect, and hence profit by it. With a pharmacopoeia unsurpassed for scientific perfection of detail and efficiency of action, and with a pathology which is a marvel to ourselves, let us not forget that nature has also a dispensatory from which we may draw *ad libitum*, and never too freely, but whose neglect not only diminishes our success and credit, but the health of our patients also.

We have been led to these reflections partly by the perusal of the following highly interesting private letter, with which we have been favored, by a friend in this city, and which we present to our readers, not as evidence of what has been accomplished by one of Great Britain's most intelligent and industrious sanitarians, Edwin Chadwick, Esq., but as suggestive to medical men of the great amount of work which yet remains to be accomplished.

Richmond, Surrey, S. W. (England), June 11, 1860.

MY DEAR MR. B—:

I have of late been prosecuting an educational inquiry which promises large results. You may know that I was a Commissioner of Inquiry into the complaints as to the successive labor of young persons in our cotton manufactories, and that I proposed measures which in part have been executed, for reducing the working time of children, under thirteen, to six hours daily work, and for insuring a daily attendance at school of three hours. The children under this provision are called "half-timers." On an investigation of the results of the instruction obtained by these "half-timers" in well-conducted schools, I find that their attainments are quite equal to those of the full-timers, or those attending school six hours daily, and that in mental aptitudes for the application of their knowledge they are superior. They gain in bodily condition, by the reduction of their bodily labor, as they do in mental condition by the reduction of their mental labor of the common routine of school teaching. On the other hand, I have carried out a close examination of the best of our long-time schools for young children, and I find upon the testimony of the most intelligent teachers, that by no means can they keep up a voluntary attention beyond two hours in the morning and one hour after dinner, or in the afternoon; that by force they cannot get more than an entire half-hour of real attention, and indeed that that extra half-hour is a mental mischief, and begins to be a bodily injury.

It follows that the whole of our school system is in violation of psychology and physiology,

Boys retrieve somewhat the injury of undue mental work by athletic games, not so with our girls. In our boarding schools they are kept at sedentary occupation often as long as eight hours, with but slight bodily exercise. I find that in Manchester the females, daughters of mothers who have worked hard, but whose fathers have got on in the world, and who do not need the manual labor of their children, and who have sent their daughters to day schools and to boarding schools, that these daughters are shorter and generally of inferior strength, to the working mothers; that the proportion of mothers of the well-to-do classes there, who can suckle their own children, is diminishing; that among women who have one servant there are ailments which are unknown amongst women who have no servants; that these ailments are worse with women who have two servants, and yet very bad indeed, and with new complications of hypochondria, amongst women who have three servants. A Manchester physician, who got thoroughly tired of attending upon one of those ladies, said at last that his only hope for her cure was in one simple prescription, "to live upon sixpence a day and earn it." The evil is, however, that their school training has been such as really to disqualify them from earning it. One evil

\* Letters to the People on Health and Happiness.

is that the deaths from childbirths are sevenfold greater amongst the females of the higher class than amongst the class with one or no servant.

Now what I have long heard is, that the Anglo-Saxon race in America is degenerating; that the proportion of females there who can rear their own children is diminishing; that young American ladies fall off sooner than the old country; that the bones of the race, as I see one lecturer states, are altering, and the teeth overcrowded. But might I not as well say, that the Anglo Saxon race is falling off in Manchester; that the females decay sooner than they did, or do, in the very "old country" on the hills a few miles off, where they have to milk cows and carry milk pails on their heads, and where there are no spinal distortions such as are common in well-to-do families. As to the alteration of the bones, and the overcrowding of the teeth, cited as a proof of the alteration of the race, a very able American dentist here, Mr. B\*\*\*, tells me that it is simply due to the insatiable habits of the parents.

The remedies to which I go, are the reduction of the ordinary school hours by one-half, and the occupation of children who are not engaged in manual labor with gymnastics. I have started, in conjunction with Lord E\*\*\*, a school drill association for boys which goes on promisingly, but for girls the work remains to be done. In Sweden they have introduced gymnastics in connexion with female schools, but they have not reduced the excess of school occupation. A Ladies' Sanitary Association, headed by the Lady C\*\*\*, Mrs. C\*\*\*, and a number of other great ladies, have required that I shall give a public lecture on the subject to their Association, on the 18th of next month.

I remember an American medical tract on the evils of the over excitement of the nervous system of females, of some thirty years ago. I should be obliged if from any of your medical friends, Dr. Griscom or others, if the evils in question have been observed, or treated in connexion with education in any recent medical or educational works, you will send me word, or the tracts in time for my use of them. I supplied information on sanitary topics to the late Mr. Horace Mann, who returned me several interesting educational reports from Massachusetts; but I have got none of recent date. I observe in connexion with education a "truant officer" mentioned as a public officer. I should be interested to know the nature and extent of his functions, and whether they are connected or not with long-time school-hours, or how? With our "half-timers" the voluntary attention is bright, and the floggings for inattention, and the truants, fewer.

For girls I propose more industrial training, for the poorer class, laundry work, washing, ironing, etc.

I have been so far impressed with the evils of over-sedentary application, and the usual course of our schools, that I have retained my son at home at some inconvenience, and reduced his book application, and increased his bodily exercise as much as I could, having him taught the horse and foot drill with good effect. I shall hesitate before sending a daughter to any boarding-school.

Yours, etc.,

EDWIN CHADWICK.

#### THE NATIONAL SANITARY CONVENTION.

THE Fourth Annual Session of the National Sanitary and Quarantine Convention, recently held in Boston, appears to have perpetuated the interest, and carried out the purposes and spirit of the previous meeting, held in New York last year. Called into existence by the urgent necessities of the public health and the demands of commerce—at first with special reference to particular improvements and compromises affecting quarantine regulations—the whole subject of hygiene and medical polity, it has been found, must be

considered in connexion with the original work undertaken by the earlier meetings of the convention; and after a full survey of the field it has been unanimously conceded that the best sanitary defences consist in sanitary works. Domestic and Civic Hygiene has finally become the grand theme of inquiry and discussion. And so various, unsettled, and practically important, are the questions relating to specific plans for sanitary improvement and protection in our American cities that it has been deemed expedient to perpetuate the labors and the influences which have so successfully been called forth by these annual conventions. It is proposed that a permanent organization shall be instituted under the title of The National Sanitary Association of the United States.

Doubtless the Committee on Permanent Organization will carefully consider the grounds upon which the proposed association should be based; but we would respectfully venture the suggestion that such plans should be adopted as will most certainly insure the hearty co-operation of non-medical gentlemen and municipal officers in the objects and labors of the association. Their practical and common-sense views, and their cordial support of sanitary measures that may be proposed by physicians and other scientific men, are really essential to the successful prosecution of sanitary improvements in the city or the state. The presence, and the eloquent, statesman-like support of such distinguished men as Everett, Banks, Lincoln, and Quincy, at the Boston meeting; the earnest, inquisitive, and thorough efficiency of a Vielé, a Snelling, an Elliott, and a Halladay—sitting in council with the Bigelows, the La Roches, an Arnold, a Griscom, and the venerable and learned Alexander H. Stevens, of the medical profession; together with the affluence of courteous and friendly attentions which so distinguished the recent convocation in Boston, plainly indicate the wisdom of perpetuating such united counsels and labors of all classes of public-spirited and philanthropic men in common efforts for sanitary reform.

Great undertakings have been projected for the ensuing year, and if one half the committees should present suitably prepared reports at the meeting in Cincinnati, that meeting would mark an epoch in the history of sanitary improvements and human progress in our country. It is very desirable that the report on food, markets, and abattoirs; also that proposed by Mr. Snelling on hours of labor and study, together with those on tenements, drainage, topographical maps for cities, and Medical Polity or "State Medicine," should be presented at the next annual meeting. They will embrace topics which are intimately connected with much needed reforms.

#### THE WEEK.

THE EPIDEMIOLOGICAL RECORD, which is commenced with this number of the MEDICAL TIMES, is designed to be a permanent feature of our journal, and we beg leave to invite the special attention of our readers and correspondents to the fulfilment of this design, as announced in the first number of this paper. Believing that most valuable results will yet be attained by such voluntary registration of prevalent diseases—particularly those of a zymotic character—we shall always be grateful to our professional brethren, whether at home, in their own practice, or travelling in regions where



this journal may have no other correspondents, if they will accurately and concisely record and transmit to us such facts as we desire to present in this department.

It is desirable that reliable records should be made of all epidemic and endemic maladies, particularly of typhus, typhoid, and exanthematous fevers; also of diphtheria, rheumatic and cerebro-spinal meningitis, together with malarious diseases. And in order to render such records practically valuable for purposes of subsequent study or reference, as well as for present instruction and interest to our readers, it is highly desirable that the leading climatic phenomena and meteorological observations be recorded in connexion with the history of every zymotic disease. Especially would we invite accurate statements regarding the prevalent winds, hyetal and hygrometric records, and barometric variations; and, when possible, it is desirable to know the results of electrical and ozonomic observations where any fatal epidemic is prevailing. Yet we shall always be grateful for the simplest statistical and chronological records of prevalent diseases, and in our epidemiological record we shall register all maladies that are unusually prevalent, regarding the term epidemiological as sufficiently generic for the purpose, whether the records relate to diseases that are strictly epidemic, endemic, infectious, or contagious.

THE MAISONS DE SANTÉ of the French capital, of which there are scores, are among the most important appointments of that city for the comfort and proper treatment of the sick. They are private hospitals, accommodating only a limited number of patients, but having the comforts, conveniences, and isolation of the best class boarding-houses, with experienced nurses, and all the appliances of a well regulated hospital. Such an institution is in operation in this city, called the Sanitary Home, directed by Dr. HENRY SCHWEIG. It is situated in a pleasant but central part of the city, and the building is new, and furnished with all the "modern improvements." Physicians directing their patients to this establishment can attend them personally, and as exclusively as in a private boarding-house. We recommend the Sanitary Home to the attention of the profession.

Among the almost daily report of suicides we notice one by taking arsenic; the victim was a German woman, residing in Hoboken, who had but recently come to this country. The first fruits of our free institutions have proved bitter indeed. The jury "call the attention to the public authorities to the loose manner in which poisons are sold by druggists generally."

An instance of transporting persons kept at public expense is reported. Three persons, an old man and woman and a young woman, were arrested by the police of this city as vagrants. The old man, the most rational of the trio, stated that they had been inmates of the Insane Asylum at Taunton, Mass.; and that they were placed on the cars and sent to New York the day before. On arriving here they were taken to Castle Garden, and being refused admittance were taken to the station-house. We believe this is not the first time that Massachusetts has expatriated her vagrants, and that New York has been taxed for their support. It is a novel method of treating the insane, and one not likely to improve their condition.

## Reviews.

ÉTUDE DE LA STÉRILITÉ CHEZ LA FEMME. Par le Docteur PH. HUTIN. Paris. G. Baillière. 1859. 8vo. pp. 116.

DR. HUTIN's work comprises in its preliminary remarks a synopsis of those general circumstances which have an influence upon the act of generation, such as age, constitution, organic disposition, consanguinity, climate, races, alimentation, emigration, influence of seasons, and social condition. Among the special causes of sterility in woman, the author mentions, first, the imperforation of the hymen. The closure of this membrane may be absolute or imperfect; in the former instance it gives rise to the well known symptoms of retention of the menstrual blood, while a partial obstruction makes itself known by the obstacle it offers to a free consummation of sexual intercourse. In both instances a crucial incision into the hymen, and the introduction of an oiled pledget of lint into the opening thus made, is the procedure required under those circumstances. The congenital narrowness of the vagina, another source of sterility, may present itself in different degrees. Three cases are reported of constriction of the vagina, which were successfully overcome by the use of sponge-tents. Besides this congenital malformation, the capacity of the vagina may be lessened by circular or band-like membranes, which only need to be incised and mechanically dilated. They sometimes are remnants from intra-uterine life, sometimes the consequence of inflammation and cicatrization. In some few instances sterility seemed to be the result of a disproportion in the length of the sexual organs. Where the vagina is too long, as it happens in very fat women, the womb may be brought lower down by the use of a hypogastric bandage during connexion. If, on the contrary, the vagina is too short, so that the penis passes by the side of the vaginal neck, the husband must be instructed by his physician how he has to behave under those circumstances. Among the malformations of the uterus, Dr. H. briefly considers the obliteration of the os, as well as the obstruction of the canal of the uterine neck. The latter may be congenital, or produced by inflammation and ulceration. An instance of this kind is related, which was successfully treated by the use of sponge-tents. The extreme narrowness of the os uteri is often combined with a decided shortness of the vaginal neck. All that can be expected from treatment is a dilatation of the os tincæ. There are two kinds of elongation of the vaginal portion apt to cause sterility, one congenital, which requires amputation, one accidental, acquired by the employment of the ring pessary, which does very generally regain its former size after the use of the instrument has been discontinued. Three cases of partial hypertrophy were observed by Dr. H., one of which caused sterility. The amputation of the hypertrophied anterior lip was soon followed by conception. Congenital atrophy of the womb was encountered not unfrequently in connexion with sterility. In two cases the use of the warm douche, combined with succulent diet, preparations of iron, and the dilatation of the canal, succeeded in causing pregnancy. The uterine deviations, anteversion, retroversion, and latero-version are caused, 1. By a relaxation of the uterine ligaments; 2. In some instances they are the result of increased weight of part or the whole of the uterus; and 3. In other instances the womb has been pushed into a wrong situation by an outside pressure, and, above all, it is the abuse of the corset which produces anteversion in a large number of cases. The anteversion, if it is not of too long standing, may be sufficiently reduced to permit conception by the complete suppression of the corset, the employment of an hypogastric supporter, the application of cold uterine douches, combined with a recumbent position during the night in such a manner that the pelvis be slightly supported and elevated. After repeated trials to bring about a change of

position by means of pessaries, they were at last entirely abandoned, because they are often dangerous and almost always useless. Dr. H. applied instead the demi-speculum of Mordat, which was attached inside the vagina, where it remained during connexion. With regard to uterine flexions the treatment has to be directed, first, against the existing complications, and, after their removal, the mal-position has to be cautiously treated by the use of the redresseur and a continuity of both cavities must be secured by sponge-tents. Amenorrhœa demands a general tonic treatment and local applications, among which the following are the most reputed: 1. Injections into the vagina of a decoction of mustard or ginger. 2. Injections of diluted ammonia. 3. Aloetic injections into the rectum. 4. Irritation of the uterine cavity by the uterine sound. 5. Very hot uterine douches. 6. Direct application of electricity. 7. The use of the waters of Plombières. The chapters on menorrhagia and dysmenorrhœa contain an exposition of well known theories and facts. The same may be said with regard to the chapters on fibrinous concretions, polypi, vegetations, hystericalgia, chronic vaginitis, catarrh, and engorgement of the uterus, ovaritis, and inflammation of the Fallopian tubes. In concluding, the author states it as his opinion, that diseases of the ovary, obesity, and nervous affections were very often the consequence of sterility.

This is a short abstract of Dr. Hutin's interesting little work on sterility. It is essentially of a practical turn, consisting of conclusions based on facts personally observed, a large number of which is reported. It is written in a plain, unassuming style, and is void of that idle phraseology so often encountered in works of this nature. We therefore recommend it to the profession, although it does not bear the stamp of scientific perfection. This latter remark applies more particularly to the chapter on uterine deviations, which is spare, and not thoroughly understood by the author. Sponge-tents are his hobbies, and the water of Plombières the never-failing remedy. But taken all in all it well repays an attentive perusal, inasmuch as it contains a great many practical hints and valuable suggestions for the treatment of sterility.

E. N.

INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS, DELIVERED CHIEFLY BEFORE THE MEDICAL CLASSES OF THE UNIVERSITY OF PENNSYLVANIA. By GEORGE B. WOOD, M.D., LL.D., President of the American Philosophical Society, &c. Philadelphia: J. B. Lippincott & Co. 1859. pp. 460.

THE author of these addresses has long occupied a most prominent position in the medical profession of this country as a teacher and author. For nearly a quarter of a century he has filled the chair of theory and practice in the University of Pennsylvania, and aided powerfully to give that far famed institution its present exalted position. On retiring from the chair, which he has so long and honorably filled, the author has sought to embody in a volume the lessons of instruction and the words of encouragement or warning which, during that period, he has had occasion to utter. This volume, therefore, consists of a collection of the author's addresses on various occasions, and are designed as parting words of advice to his former pupils, in which spirit they will be received and long treasured. They consist of two Pharmaceutical Addresses; six Lectures introductory to the course on *Materia Medica* and Pharmacy; four lectures introductory to the course on Theory and Practice of Medicine; two introductory lectures giving the result of professional observations abroad; three addresses to the graduates of the University; two biographical memoirs. We can only add that these lectures are scholarly productions, and will prove a most valuable memento of the author.

## Progress of Medical Science.

### PHYSIOLOGY AND HISTOLOGY.

By WM. H. THOMSON, M.D.

*Nutrition of the Fetus.* (*Gaz. des Hôpitaux, Paris, June 12.*)—M. Flourens, in a communication to the French Academy, states that after feeding pregnant animals during the latter forty-five days of gestation with madder, he found the bones of the fetus quite as deeply tinged with red as those of the mother—conclusive evidence that practically there is but one circulation in both. M. Coste, in confirmation of the experiments of M. Flourens, announced to the Academy a curious fact of the coloration being transmitted by the mother not only to the embryo or to the developed fetus, but even to the ovum and to the substance of the germ itself, before that substance has undergone any of the transformations of which it is the seat in the formation of the first lineaments of the new being. He sees in this fact "visible evidence of the manner in which hereditary influence marks each being with an original impress, and, with existence itself, introduces the elements of health or of disease, according as it proceeds from a pure or impure source."

Besides the demonstration of the facility of pathological transmissions, the results obtained by M. Coste suggest another subject, most important in a medical point of view, whether it may not prove possible to neutralize or even destroy vicious original impressions. There is in this, M. Coste justly remarks, a fit subject for reflection and research by physicians.

*Experiments on the Cervical Portion of the Sympathetic.* (*Zeitschrift für Rationelle Medicine, vol. v. 1859.*)—Prof. Wagner, of Heidelberg, laments the delay caused him by the crossing of a railroad train, while he was hurrying to the anatomical theatre with the head of a woman, "carried under warm wrappings," who had just been guillotined, so that eighteen minutes had elapsed before he commenced his experiments. The inferior parts of the neck, however, were still warm, the temperature in the buccal cavity 99° 32' F., the palpebræ were open about five millimetres, the pupils and the axes of the eyes normal. The axe had cut through the sixth cervical vertebra, about an inch and a half below the enlargement of the superior cervical ganglion. First having shut the lids completely, electrical excitation was applied to the cervical part of the right sympathetic. After three or four seconds the lids opened slowly, the contraction being especially evident in the upper lid, the vertical diameter of the palpebral opening reached eight, but afterwards fell to six millimetres, the pupil was seen dilated, and under strong electrical excitation the iris had scarcely one and a half or two millimetres diameter. The same results were produced on the left eye by excitation of that side, and they could be repeated six times for twenty-five minutes. After that the lids opened much slower, not commencing till after six seconds. When it could no longer be effected after thirty minutes by applying the excitation to the end of the nerve, a feeble opening resulted by application to the ganglion itself. The iris, however, remained irritable long after the lids had ceased to respond. These movements were not caused by the superior elevator of the lids, but show all the characters of the contraction of smooth muscular fibres, as a measurable interval elapses between the excitation and the contraction, which then again outlasts, by a few seconds, the excitation. The "galvanic grimaces" produced by the excitation through motor nerves, of striped muscular fibre, are, on the other hand, immediate on the electric current.

*Reproduction of Bone.*—The series of experiments published by M. Ollier in the *Gaz. Heb. de Médecine et Chirurgie*, 1858, on the reproduction of bone, have deservedly attracted wide attention, their practical bearing having been

exemplified in some recent brilliant operations by Prof. Langenbeck. In his experiments on long bones, M. Ollier preferred the radius and metatarsals, because the remaining bones preserved the form and motion of the limb. In his first class of experiments the bone was removed but the periosteum carefully preserved, and the result was reproduction of the bone in six weeks or two months, in almost its original form and proportions. In his second class the bone was removed and patches of periosteum left which resulted in osseous nuclei and patches of bone corresponding to the patches of periosteum. In his third class, the whole of the periosteum was removed, taking care to preserve the celluloso-muscular envelope immediately surrounding it, and the result was a fibrous cord with a few hard osseous granules, generally at the end of the bone, at the insertions of tendons and ligaments, where there is normally no distinct periosteum. In his fourth class, in addition to the periosteum, a layer of tendons and muscles, attached to it, were removed, and no reproduction took place besides enlargement and pointing of the bone operated on. If the whole of the shaft in a long bone be removed, that which is reproduced is thin, misshapen, and unequal, with a longitudinal furrow corresponding to the site of the incision. At first it is solid, but afterwards vacuoles form, which then unite into a canal. If half of the shaft is cut out, the reproduction is entire, increasing in time to all the characters of the original portion. In flat bones generally the reproduction is very imperfect where the tissue is dense, as in the cranium the reformation takes place at the expense of the diploë, but where that is deficient the product is membranous. It follows, therefore, that the periosteum has not the same reproductive powers everywhere alike. The perichondrium reproduced cartilage readily. In the reproduction of joints, he left the periosteum to form in connexion with the capsules and ligaments, one canal, the centre of which was the cavity of the joint, so as to see if a movable or ankylosed joint would result. A true joint was produced, with loose cellular tissue between the surfaces, forming the rudiments of a new synovial membrane. The heads of the reproduced articular surfaces were smooth, polished, reddish, and harder than cartilage, but smaller in size than in the original joints.

*Physiology of Digestion.* (*Gaz. de Paris and Lancet*, June, 1860).—Besides the frequent practice of overloading the stomach with food, the profession as well as the common people, have for ages overloaded it with *functions*. In reading the elaborated tables of the digestion of different articles made by Dr. Beaumont, as deduced from his experiments on St. Martin, it is curious to notice how the process of digestion from alpha to very near omega, was then considered as gone through with, all within this short dilatation in the alimentary tract, so that the question might well have suggested itself, what use was there of some thirty-five feet more of tortuous windings? Magendie, Bernard, and Corvisart then added on the duodenum with its pancreatic and biliary secretions to attack what the stomach had left, and now a remarkable accident has fortunately been turned to good account by Prof. Busch of Bonn, in determining what can be done by the small intestines, on that which has passed through both stomach and duodenum. A woman came under his hands, with a fistulous opening communicating with the small intestines, caused by being tossed by a bull. The fistula was so complete that the bowel was divided into two distinct halves, from the upper portion of which, consisting of the stomach and duodenum, the food and digestive fluids all escaped, none finding its way into the lower half, which comprised the small intestine, colon, and rectum. Her appetite was insatiable, and only by eating largely did she feel well. The intestinal secretion could be procured perfectly pure and free from chyme, but Prof. Busch always found it small in quantity. She was fed by introducing through the fistula into the small intestine, beef tea, beer, soups with flour, hard-boiled eggs, meal, etc. Soon after these injections she had frequent stools, a circumstance not observed since the acci-

dent. The evacuations had a well marked smell of putrefaction, but no undigested portions of meat or hard-boiled eggs reappeared, showing that the intestinal juice did act as a solvent on the food passing through the canal. The action of the intestinal juice was energetic on starch, which it changes into grape sugar, while it also decomposes protein substances with the phenomena of putrefaction. Its reaction is always alkaline, it has no effect on cane sugar nor on gum. Another interesting fact was that fat, introduced into the small intestine, passed through unchanged, another proof serving to localize the action on fatty substances in the pancreatic and biliary secretions. A very extraordinary fact, in considerable discrepancy with previous views, was observed in the rapidity with which the alimentary substances escaped from the stomach and duodenum. Hard-boiled eggs, taken by the mouth, appeared at the fistula in from twenty to thirty minutes, cabbage from fifteen to nineteen minutes, meat from twenty-two to thirty minutes, potatoes, fifteen minutes. The substances which escaped by the upper end of the divided canal at first sight seemed but little altered, but they were, however, considerably softened, and the meat presented both longitudinal and transverse cracks or slits. The peristaltic action apparent was very vigorous, but the intestinal tube showed periods both of rest and of motion.

## Reports of Societies.

### NEW YORK MEDICAL AND SURGICAL SOCIETY.

Dr. GEO. WILKES, President, in the Chair.

JAN. 28TH, 1860.

#### DISCUSSION ON DIPHTHERIA.

(Continued from page 89.)

Dr. ALLEN gave the following account of a post-mortem examination upon a patient of Dr. Vedders, the young lady whose case was referred to at the last meeting, who, as expected, did not survive the night:—The pharynx was lined completely with the characteristic membrane as far down as the upper border of the larynx, and from thence it extended into the trachea and bronchial tubes, as far as the dissection could be carried. On lifting up the membrane, which was quite loose at some places, the surface underneath presented a congested and roughened appearance. No other mucous membrane was involved in the disease. In conclusion he stated that since the last meeting no more cases of diphtheria had presented themselves in Flushing, although there seemed to be an unusually large number of cases of suppurative tonsillitis.

FEB. 4TH, 1860.

Dr. GURDON BUCK read the following history of a case of the disease under consideration:—A. B., æt. 17, of good constitution, complained on Wednesday, Jan. 18th, of constant chilliness, and notwithstanding the weather at that time was mild, he found himself unable to keep warm. That evening he mentioned to his nurse at the boarding-school which he attended, that his throat was sore, and on the following morning he first made a complaint of it to the teacher. His father, who was a physician, conveyed him home to Paterson that same afternoon, and on the morning following first noticed the existence of diphtheritic exudation upon the fauces. On Saturday, the 21st, I first saw the patient. He was sitting up in an easy chair with a handkerchief wrapt around his neck. A blister, two inches square, had been applied below the angle of the jaw on both sides of his neck, where there had been and still existed a slight degree of external swelling with tenderness



on pressure. The raw surfaces had no deposit of diphtheritic exudation upon them. No enlarged lymphatics could be felt. Depressing the tongue with a spoon, for the purpose of inspecting the fauces, gave him severe pain, and prevented a satisfactory view being obtained beyond the velum. A patch about the size of three-fifths of a twenty-five cent piece covered the buccal surface, and was of a pale straw color, the surrounding surface being of a pale red color. The uvula was very much elongated, swollen, and oedematous, the epithelium covering it being raised by the effusion underneath; several times the organ was projected forward in the act of coughing and lay upon the tongue. The effect of this was extremely disagreeable, inasmuch as the voice became immediately extinct. The part would soon resume its natural position again without any interference, when the voice would return. Deglutition, though somewhat painful, was readily performed; respiration was not impeded or accelerated, nor the voice hoarse or otherwise changed; he coughed very seldom; his pulse was 100 during the day, but subsided to 94 or 96 in the evening; the temperature of the body was scarcely changed from the natural standard. The tongue was moist and pasty, and the throat felt dry. The countenance was calm and natural. His bowels were quiet. We commenced fumigating the throat as follows: Boiling water was poured on catnip in a pitcher, and vinegar added to it. While breathing the fumes under an inclosure of blankets, Labarraque's solution of chlor. soda was added by the teaspoonful in successive portions. The immediate effect on the throat was very grateful to the patient. Wine whey and beef tea were continued alternately as they had been during the day. He passed the night comfortably, sleeping at intervals. At four o'clock on Sunday morning (22d), when I left him, there had been no visible spreading of the exudation, nor were there any signs of the disease having extended to the larynx. During Sunday sulph. of quinine, in doses of three grains each, was given every three hours. During Saturday and Saturday night the patient had epistaxis from one nostril several times; it seemed to be caused by blowing the nose, but would not continue long at a time. Early on Monday morning, Dr. Weller, who visited the patient often, noticed some increased frequency of the pulse, and also of the respiration, with constant drowsiness, notwithstanding that an inability to sleep was complained of. At 6 P.M. I saw the patient again, and found a great change for the worse. As he sat reclining in his easy chair I noticed that his respiration was accelerated to forty per minute, and was noisy, though not obstructed, from the presence of secretions in the air passages. His pulse was 140, and very weak, his hands cool, and the rest of the body scarcely of the natural temperature. A peculiar fetor was noticed in the breath, and a colorless secretion was also blown from the nostrils, which did not, however, stain the handkerchief. Stimulants had been suspended since morning, from the supposition that they provoked epistaxis; the quinine had also been suspended, owing to its supposed effect upon the head. His intellect was now becoming disturbed, and he talked flighty, but would reply intelligently and promptly when questioned. Stimulants in the form of brandy and milk punch were now resumed without delay, given freely, and alternated with beef tea. Sulph. quinine gr. j. and sulph. ferri gr. i, were also administered. A short time before my arrival the patient had a thin, copious, dark, and foetid stool; at 7 o'clock two or three such succeeded involuntarily, when an enema composed of two grains of pulv. opii and ten grains of tannin was resorted to. After this there was no repetition of the evacuations. After the first involuntary stool patient took to his bed, and assumed a position on his right side, the frequency in respiration continuing unabated. Under the influence of stimulants the surface of the body became hot, and communicated a pungent sensation to the fingers. The coma which gradually increased was accompanied with subsultus and tremors of the upper limbs. He continued to talk incoherently; when roused to take his drink he would promptly raise

himself, unassisted, on one elbow, and hold the glass in the other hand, thus evincing considerable muscular strength. All his symptoms grew rapidly worse; the tremors and subsultus disappearing, gave place to profound stupor, in which condition he died, about one quarter to three o'clock, on Friday morning, the 24th. In about an hour after his decease purpuric spots showed themselves upon the surface of the trunk and limbs.

(To be continued.)

#### FOURTH ANNUAL SANITARY AND QUARANTINE CONVENTION.

JACOB BIGELOW, M.D., PRESIDENT.

June 14th, 1860.—The National Sanitary Convention assembled at Boston, in the Hall of the Mechanics' Association, Bedford street. The attendance was very large, and the proceedings spirited.

The venerable Dr. Jacob Bigelow was elected *President*; *Vice Presidents*, Hon. D. Arnold, M.D., of Georgia; Alex. H. Stevens, M.D., of New York; H. G. Clark, M.D., Boston; John F. Lamb, M.D., Phila.; J. Gilman, M.D., Md.; Hon. Moses Bigelow, N. J.; Hon. J. C. Knight, R. I.; Robt. Thompson, M.D., Ohio; C. D. Guthrie, M.D., Tenn.; Thos. Stewardson, M.D., Penn.; J. W. Houck, M.D., Baltimore; and Hon. Thos. Aspinwall, of Boston.

*Secretaries*—Calvin Ellis, M.D., Boston, assisted by Dr. J. B. Jones, of Brooklyn; Dr. Wm. Taylor, of Penn., and Ald. D. C. Dodd, Jr., of N. J.

A Committee on Business was appointed, and the Convention proceeded to the consideration of Reports from Standing Committees, after listening to some remarks from Gen. P. M. Wetmore upon the subject of a permanent organization, under the title of a National Association.

Dr. C. B. GUTHRIE presented a printed Report from the Committee on the Control and Sale of Poisons and Dangerous Drugs, which, after an interesting discussion, was laid upon the table, to be acted on at a future time in the session.

Dr. ALEXANDER H. STEVENS made some practical remarks on the subject of ventilation, expressing the opinion that if more attention were given to the ventilation of cellars and basements in dwelling-houses, many cases of disease and death would be prevented, which now occur in families where the domiciliary hygiene is otherwise good. Dr. Childs, of Mass., and Dr. Thompson, of Ohio, offered remarks upon the same subject.

Dr. ARNOLD, of Savannah, made a verbal Report on Vaccination, strongly advocating the enactment and execution of appropriate laws upon the subject in every State.

Hon. MOSES KIMBALL offered the following preamble and resolution:—

*Whereas*, In view of the panic existing in this and other States, in regard to the disease among cattle known as "pleuro-pneumonia," and the uncertainty as to whether the said disease is contagious or infectious, and also as to the best mode of treatment or of possible cure—therefore

*Resolved*, That a Committee be appointed to take the whole subject into consideration.

After some discussion, it was decided that the Convention could not undertake such an investigation with any prospect of arriving at satisfactory conclusions on the subject, as it would be necessary for such a Committee to enter upon protracted and expensive labors, which are already being performed by a special legislative commission.

The discussion upon the Report on the Sale of Poisons was resumed, and it was finally resolved to recommend immediate action on the subject, by the various State Legislatures.

Dr. SAYRE then moved that a copy of the resolution be sent by the Secretary of the Convention to the Governors of the different States, accompanied by a copy of the report.

Thursday evening was spent by the Delegates in the enjoyment of the elegant hospitalities of a large number of the prominent families of the city.

Friday June 15th, Hon. Dr. Arnold in the Chair.—After reading of the minutes, the Convention took into consideration the Report of the Committee on External Hygiene, which, after free discussion and a few verbal amendments, was unanimously adopted. This Report, which had been prepared with great care by Drs. Bell, Harris, and Jewell, was received with peculiar favor.

Dr. GRISCOM, from the Business Committee, reported the following resolutions:—

1. *Resolved*, That the report of Dr. Guthrie, Chairman of the Committee on Poisons, &c., be published in the Transactions of this Convention, without the appendix.

2. *Resolved*, That this Convention deems it inexpedient to recommend any action by this Convention on the subject of the disease known as "pleuro-pneumonia," said to be prevalent among cattle.

3. *Resolved*, That the report on Civic Cleanliness be recommended to the Convention for adoption and publication in the Transactions, and that the Secretary be authorized to transmit a copy of the report, and a separate copy of the memorial appended thereto, to the authorities of every incorporated city in the United States.

4. *Resolved*, That the report of Dr. Snow on Registration be referred to the Convention for consideration, and recommended for adoption and publication in the Transactions of the Convention.

5. *Resolved*, That a committee be appointed to take into consideration the expediency of a permanent organization of this Convention, to be called the "American Sanitary Association," to report at the next meeting; and, if favorable thereto, to present a plan of organization.

These resolutions were passed separately.

A Committee on State Medicine was called for by a resolution offered by Dr. Ordronaux, of New York, which, after being discussed, was referred to the Business Committee.

Dr. STERLING'S Report on Wet Docks was read and discussed, and it was

*Resolved*, That the report upon the Utility of Wet Docks be referred to the Committee on External Hygiene, with powers.

Dr. JEWELL proposed that the following resolution should be laid upon the table, to be taken up this evening.

*Whereas*, At the last meeting of the Convention, after a learned and dispassionate discussion, the long-agitated question of the non-transmission of yellow fever from one person to another, was definitely settled; in order to strengthen that decision, therefore

*Resolved*, That the action of the last Convention on the question of the non-contagiousness of yellow fever, to be found on page 45 of its Transactions, be and is hereby re-affirmed.

On motion of Mr. HALLIDAY, the Committees which had not reported, were called upon. Various reports and apologies from such committees were received, and various new committees were appointed; others were ordered continued.

A recess was taken during the afternoon, to visit the various public institutions in Boston Harbor. The visit was one of great interest, and terminated at the House of Refuge, on Deer Island, where a sumptuous repast, and much speaking by men who spoke well for humanity and health, closed the afternoon. In the evening Dr. E. Harris, of New York, read a paper on the Utility and Applications of Heat as a Disinfectant. The paper drew out an interesting discussion, and elicited many valuable facts from Delegates.

Dr. GRISCOM, from the Business Committee, reported the following resolution.

*Resolved*, That the resolution presented by Dr. J. Ordronaux, for the appointment of a Committee on State Medicine, be referred back to the Convention, with a recommendation that it be passed after omitting the word *all*.

This was discussed by Generals Mather and Wetmore, Dr. Griscom, Mr. Kimball, Drs. Ordronaux and Arnold—the latter having resigned the Chair for the purpose. Finally, on motion of Alderman Wightman, the subject was referred back to the Committee.

The Convention then adjourned to meet at 10 o'clock on Saturday morning.

Saturday, June 16th.—The Convention was called to order at 10 A.M., by Dr. Arnold, but Dr. Bigelow soon took the Chair.

Dr. GRISCOM, from the Business Committee, reported the following resolutions.

1. *Resolved*, That the Committee recommend that the paper presented by Dr. E. Harris, of New York, "On Heat as a Disinfectant," be published in the Transactions of the Convention.

2. *Resolved*, That the Committee recommend to the Convention the pas-

sage of the resolution offered by Dr. Ordronaux, modified as follows:—"Resolved, That a Committee of five be appointed, to be called the Committee of State Medicine, whose duty it shall be to report to the next Convention such subjects of sanitary importance, as in their judgment require investigation or legislation for their permanent improvement."

8. *Resolved*, That a Committee of three be appointed to report upon the subject of Vaccination, and the best method of obtaining its general application, especially in cities.

4. *Resolved*, That the Committee on the Nature and Causes of Malaria be discharged, and that the subject be referred to a New Committee, to report to the next Convention.

The report being accepted, it was voted that the resolutions be taken up in detail, and after discussion of the second, they were severally adopted.

Hon. Edward Everett and Dr. James Jackson being present, were invited to seats upon the platform; various resolutions and brief addresses were made, and votes of thanks to the officers and the City Council were passed.

The preamble and resolutions announced by Dr. Jewell, yesterday, were then passed.

Mr. G. H. SELLING, of Boston, spoke of the importance of a longer interval at noon between the working hours of mechanics, and offered a resolution, but accepted a modification of it by Dr. Jewell, which was adopted.

*Resolved*, That a committee of three be appointed to consider and report upon the best plan for such a division of the hours of labor among all classes of the community, as shall be promotive of health.

Remarks upon the subject were made by Drs. Stevens, Griscom, Jewell, Savage, of New York, Bell and Curtis.

The Convention was invited by Dr. Mead to meet in Cincinnati, by Dr. Jones in Brooklyn, and by Mayor Knight in Providence. The former city was selected.

The following resolution, offered by Gen. Mather, was adopted:—

*Resolved*, That nothing contained in the resolution relative to the appointment of a Committee on State Medicine shall prevent this Convention from referring at any time, any matter embraced therein, to any committee or committees, nor prevent any individual from bringing proper matters before the Convention.

Mr. ELLIOTT, of Boston, offered the following resolution, which was adopted:—

*Resolved*, That a committee of five be appointed to report a uniform plan for maps of the physical geography of cities for statistical and sanitary purposes, with a view of obtaining the construction of such maps by the several municipal governments.

Dr. GRANT, of New Jersey, offered the following resolution, which was adopted:—

*Resolved*, That this Convention, as one of the means of sanitary reform, urges upon the municipal authorities and boards of health of the several States to collect and carefully arrange complete statistics of births, marriages and deaths, and also of disease, meteorology, and epidemics, except in cases where this work is provided for.

It was voted, on motion of the Committee on External Hygiene, that two members, appointed by the Chair, should be added to their Committee. Hon. Dr. Arnold and Dr. H. G. Clark were added.

It was voted, on motion of Dr. Griscom, that the Committee on Civic Cleanliness be continued.

The following resolution, offered by Dr. Snow, of Providence, was adopted:—

*Resolved*, That the thanks of this Convention be presented to the Board of Directors of Public Institutions of the City of Boston, for the pleasant excursion, which has afforded us an opportunity to visit these institutions, and for their princely hospitality, which we have so much enjoyed.

Mr. BELL offered the following resolution, which was accepted:

*Resolved*, That the Committee on External Hygiene have power and be directed to select a suitable person from each State not represented in this Convention, to aid in carrying out the objects of the second resolution of their report.

It was voted, on motion of Mr. Wightman, that Dr. H. G. Clark be added to the Committee on Tenement Houses.

Dr. THOMPSON thanked the Convention, in behalf of Ohio and Cincinnati, for the honor conferred upon them.

The Standing and Special Committees for the year were appointed, being ten or twelve in number, and after a few words of farewell by Dr. Bigelow, the Convention adjourned.

## Obituary.

### DEATH OF DR. ADDISON.

Thus distinguished physician died June 29th, at the age of sixty-seven. He was a colleague of Dr. Bright in Guy's Hospital, and labored conjointly with him in the preparation of a work on Medicine, one volume only of which was published. His contributions to medical literature were not numerous, and are mostly to be found in Guy's Hospital Reports. His last discovery, and that by which his name and fame will be perpetuated, was the disease dependent upon morbid changes in the supra-renal capsules, now known as *Morbus Addisonii*.

## Medical News.

### ARMY MEDICAL INTELLIGENCE.

The resignation of Asst. Surgeon William A. Hammond, U.S.A., has been accepted by the President, to take effect October 31st, 1860.

The leave of absence heretofore granted to Assist. Surgeon Geo. K. Wood, has been extended three months by order from the War Department.

Assist. Surgeon Charles H. Smith, is detailed to act as Recorder of the Medical Board appointed by the War Department, to meet at Baltimore, Md., Sept. 20, 1860.

The leave of absence heretofore granted to Assistant Surgeon S. W. Crawford, has been extended until the 30th of September next.

Surgeon R. H. Coolidge has been ordered to repair to Philadelphia, upon business connected with the Medical Department.

Acting Assistant Surgeon J. J. Hull, on duty with recruits for Utah, arrived at Fort Laramie, N. T., July 14th.

Assistant Surgeon J. F. Head, and Acting Assistant Surgeon J. G. Cooper had, by last accounts, arrived at Fort Benton with the Oregon recruits.

### EPIDEMIOLOGICAL RECORD.

**YELLOW FEVER—Havana.**—The *Cuban Messenger*, of July 15, says—"Since the 1st of June, to the 13th of July at 10 A.M., the total number of vomito cases has been 519, both in public and private practice (in the hospitals and private residences), and out of the whole number only thirty-nine have died. Since the 1st inst. to date, there have been, altogether, 342 cases and 32 deaths, according to the official reports. There are, perhaps, a half-dozen cases of deaths, where medical aid was not called in until there was not life enough left in the patient to admit of any assistance."

The *Diario* gives for the same period, for all the ports of Cuba, total number of cases, 699; deaths, 82.

**RHEUMATIC MENINGITIS—New York.**—Dr. T. G. Thomas, of this city, at a recent meeting of the Medical Union, reported five cases of rheumatic meningitis which had come under his observation within a very brief period, two of which had died suddenly at an early period of the disease, and one had recovered with partial loss of the volitional and mental faculties.

**DIPHTHERIA—Homer, Cortland Co., N. Y.**—Dr. Geo. W. Bradford reports the prevalence of this malady in this locality. **South Onondaga, Onondaga Co., N. Y.**—Dr. J. J. Kneeland writes that five cases of diphtheria have occurred in that vicinity recently, of which two proved fatal. **West Stockbridge, Berkshire Co., Mass.**—Dr. Levitt reports the prevalence of diphtheria, in this and adjoining towns. *Treatment*, general, tonics and stimulants; local, nitrate of silver, free scarifications, especially where oedema exists, excision of tonsils and uvula.

### METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 21st day of July to the 28th day of July, 1860.

**Deaths.**—Men, 73; women, 80; boys, 170; girls, 181—total, 504. Adults, 153; youths, 15; children, 335; males, 243; females, 261; colored persons, 2. 296 infants died under two years of age. Among the causes of death we notice:—cholera infantum, 120; infantile convulsions, 38; croup, 6; diarrhoea, 17; dysentery, 9; scarlet fever, 23; typhus, and typhoid fevers, 7; small-pox, 8; consumption, 57; infantile debility, 9; marasmus, 47; dropsy of head, 16. Classification: brain and nervous system, 87; respiratory, 88; digestive, 227. **Public Institutions:** Almshouse, Blackwell's Island, 14; Bellevue Hospital, 20; City Hospital, 7; City Prisons, 1; Colored Home Hospital, 2; Island Hospital, 3; Lunatic Asylum, Blackwell's Island, 2; Nursery and Child's Hospital, 5; St. Vincent's Hospital, 2; Small-Pox Hospital, Blackwell's Island, 2; Ward's Island Emigrant Hospital, 7—total, 65.

The number of deaths, compared with the corresponding weeks of 1858 and 1859, and of last week, was as follows:

Week ending July 31, 1858	698	Dec. 194
" " July 30, 1859	616	" 112
" " July 21, 1860—		
From acute disease	291	
" chronic disease	159	
" external causes, &c.	46	—496
Week ending July 28, 1860—		
From acute disease	304	
" chronic disease	171	
" external causes, &c.	29	—504
Increase this week		8
Total interments in Potters' Field	49	
Coroners' cases	30	

JULY.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	IN.	IN.	•	•	•	•	•		0 to 10	IN.
22d.	29.84	.22	73	66	77	12	16	NW. to SE.	2.5	
23d.	29.68	.23	73	64	81	8.5	17	SE. NW.	3	.24
24th.	29.52	.24	69	60	75	18	17	NW. SE.	.06	
25th.	29.97	.06	72	66	81	9	15	W. S. E.	4	2
26th.	29.90	.24	75	66	89	9	10	SE.	4	
27th.	29.90	.20	74	65	89	9	14	SW. NW.	2.5	.28
28th.	30.06	.04	71	62	77	10	14	NE. SE.	2	

**REMARKS ON THE WEATHER.**—22d. Day fine, with light wind, gale late at night. 23d. High wind early morning, with rain; fresh during the day. 24th and 25th. Fine; wind light, A.M., fresh, P.M. 26th. Sultry; wind light, thunder storm, P.M.; one inch of rain fell in seventeen minutes; wind during the storm varied from SE. to SW. and NW. 27th. Rain early morning; wind light all day; damp, A.M., dry, P.M. 28th. Dry, A.M.; P.M. damp, wind light.

### MEDICAL DIARY OF THE WEEK.

Monday, Aug. 6.	{ CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Obstetrics, Dr. Taylor, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Aug. 7.	{ BELLEVUE, Medicine, Dr. Elliot, half-past 1 P.M. CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, Aug. 8.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Griscom, half-past 1 P.M. BELLEVUE, Surgery, Dr. Meir, half-past 1 P.M.
Thursday, Aug. 9.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Medicine, Dr. Greene, half-past 1 P.M.
Friday, Aug. 10.	{ CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Aug. 11.	{ BELLEVUE, Surgery, Dr. Mott, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Griscom, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.



**The Butter Mill, or Farmer's Churn.**

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The Butter Mill grinds and thus breaks the milk-sacs, or globules which contain the butter. Butter is thus made from SWEET Milk in five minutes, leaving the milk perfectly sweet.

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  - 6th. The milk, after having been churned, being perfectly sweet, may be used for making cheese, or for ordinary purposes, or table use.
- The Butter Mill for cheapness, simplicity, and efficiency, challenges the world.
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**Oak Orchard Acid Spring.—Letter**

from J. H. ARMSBY, M. D.

ALBANY HOSPITAL, May 24th, 1860.

Mr. OLCOTT.

Dear Sir:—I have used the "Oak Orchard Mineral Water" quite extensively during the past Winter, in private practice and in the Hospital.

My first patient had a large Phagedenic Ulcer, extending from the hip to the knee. The water was administered in tablespoonful doses four times daily, and the ulcer was covered with lint saturated in the water twice daily. The improvement was most decided and marked from the first day of its use, while the usual remedies had produced very little effect. In about five weeks from the commencement of the treatment he left the hospital nearly well, and resumed his ordinary business.

In several other cases, which I propose to notice hereafter, the water was found to be very efficacious.

The diseases in which I have found it most useful are as follow:—Ill-conditioned Ulcers—Diseases of the Skin—Passive Hemorrhages—Diarrhoeas depending on an atonic condition of the mucous membranes. In depraved and impoverished conditions of the body from *specific disease* and from intemperance.

I have used it with great advantage in Hemorrhoids, Fistula in Ano and Perineo, Hemorrhages from the rectum, and in several other forms of disease.

In my opinion, and in my practice, it has fully sustained the reputation it has acquired as a remedial agent and the remarkable properties as a tonic and astringent indicated in its chemical analysis. I propose to give it an impartial and extensive trial, and will give you my results so far as they may be of value.

I have the honor to be, very respectfully, yours,

J. H. ARMSBY, M. D.

Other testimonials from physicians, and other respectable individuals, may be seen on application to the agent.

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**ANNOUNCEMENT.**

In presenting the first number of the **American Medical Times**, to the subscribers to the **New York Journal of Medicine**, the Publishers particularly call attention to the fact that it is the continuation in a weekly series of that periodical, which ceased as a bi-monthly with the May number.

For an explanation of the motives which have led to the alteration in the form and issue of the Journal we refer to the leading editorial in the present number.

The publishers have much pleasure in stating that STEPHEN SMITH, M.D., will retain the position of Editor, with whom will be associated ELISHA HARRIS, M.D., and GEORGE F. SHRADY, M.D., who will devote themselves to the respective departments in which they are already known to the profession. Ample facilities are provided for reporting Lectures, Hospital Practice, Transactions of Societies, etc. Each number will consist of Twenty-four quarto pages, double columns, and contain Lectures, Original Communications, Reports of Hospitals, Editorial Articles, Reviews, Reports of Societies, etc., etc.

**TERMS.**—To City Subscribers and in the British Provinces, \$3 50; Mail Subscribers, \$3 00. This Journal now affords, at the same price, nearly three times the reading matter of the former series.

The NEW YORK MEDICAL PRESS was discontinued with the close of its last volume (June 30), and its subscription list transferred to this periodical. The Medical Times will be sent to those subscribers to the Journal of Medicine, and the Medical Press, who have paid in advance, until their respective subscriptions expire. Subscribers to these periodicals who are in arrears, must pay all such arrearages, and renew their subscriptions to this Journal, or it will not be sent to them.

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\* \* Hereafter the rule of payment in advance will be rigidly adhered to, and all who desire to become subscribers to the Medical Times must transmit the money with their orders.

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EDWARD DELAFIELD, M.D., President of the College, and Professor Emeritus of Obstetrics.

ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.

JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry & Botany.

JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.

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WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

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JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M.D., Professor of Chemistry.

THOS. M. MARKOE, M.D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, M.D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Fall Course for 1860, will commence on Monday, September 24th.

This Course free to the Matriculated Students of the College.

The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures \$105. Graduation Fee, \$25. Demonstrator's Fee, \$5. Matriculation Fee, \$5.

JOHN C. DALTON, Jr., M.D.,  
Secretary of the Faculty.

## University of New York Medical

Department. Session, 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

### FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.

VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTIN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPEY, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.

ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.

JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.

J. W. S. GOULEY, M.D., Demonstrator of Anatomy.

J. H. HINTON, M.D., Prosecutor to the Professor of Surgery.

ALEXANDER B. MOTT, M.D., Prosecutor to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine, Surgery, and Obstetrics*.

The Dissecting-room, which is refitted and abundantly lighted with gas, is open from 8 o'clock, A.M., to 10 o'clock, P.M.

Fees for a full Course of Lectures, \$105; Matriculation fee, \$5; Graduation fee, \$30; Demonstrator's fee, \$5.

## Geneva Medical College.—The Session

of 1860-61 will begin on Wednesday, the 3d day of October, 1860, and continue sixteen weeks.

### Faculty.

JOHN TOWLER, M.D.,  
Dean and Registrar.

JAMES HADLEY, M.D.,  
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

GEORGE BURR, M.D., Prof. of General and Special Anatomy.

CALEB GREEN, M.D., Prof. of Physiology and Pathology.

HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.

JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in advance.—Matriculation (payable once), \$8. Tickets for the whole Course, \$32. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical Material, \$5.

Further information may be obtained by addressing

J. TOWLER, Dean of Faculty, Geneva, N.Y.

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SESSION OF 1860-61.—THE THIRD REGULAR COURSE OF LECTURES in this Institution will commence on the first Monday in October, 1860, and continue till the first of March, ensuing.

### FACULTY.

DANIEL B. CLIFFE, M.D., Professor of Descriptive and Surgical Anatomy.

THOMAS L. MADDIN, M.D., Professor of Principles and Practice of Surgery.

DANIEL F. WRIGHT, M.D., Professor of Physiology and Pathology.

JOHN H. CALLENDER, M.D., Professor of Materia Medica and Therapeutics.

HENRI ERNI, M.D., Professor of Medical Chemistry and Medical Jurisprudence.

J. J. ABERNATHY, M.D., Professor of Theory and Practice of Medicine.

JOHN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

H. M. COMPTON, M.D., Demonstrator of Anatomy.

### FEES.

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Demonstrator's fee, . . . . .	10
Graduation fee, . . . . .	25

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## Medical Institution of Yale College.

The Course of Lectures for 1860-61 will commence on Thursday, September 13th, and continue four months.

BENJAMIN SILLIMAN, M.D., LL.D., Prof. Emeritus of Chemistry and Pharmacy.

ELI IVES, M.D., Prof. Emeritus of Materia and Therapeutics.

JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.

CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Professor of the Theory and Practice of Physic.

BENJAMIN SILLIMAN, JR., M.D., Prof. of Chemistry and Pharmacy.

PLINY A. JEWETT, M.D., Prof. of Obstetrics.

CHARLES A. LINDSLEY, M.D., Prof. of Materia Medica and Therapeutics.

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